

DANISH INFORMATION HANDBOOKS

SOCIAL SERVICES IN DENMARK

BY

ORLA JENSEN

COPENHAGEN
DET DANSKE SELSKAB
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Translation

REGINALD SPINK

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PREFACE

Social Services in Denmark is the third volume in the series “Danish Information Handbooks”, published by *Det danske Selskab*. As the Director of social welfare in one of Denmark’s largest municipalities and a teacher of social workers the author is in intimate contact with social problems.

The book sketches social services as they are in Denmark today. It does not describe historical developments or the details of social legislation in earlier generations.

During the nineteenth century Denmark gradually became ripe for the social reforms that have taken place from the beginning of the present century down to our own time. The Education Act of 1814 which established elementary schools in town and country, the advance of democracy with the introduction of the Constitution of June 1849, and the first social welfare laws passed in the 1890s are the foundations on which all later social policy in Denmark has been based.

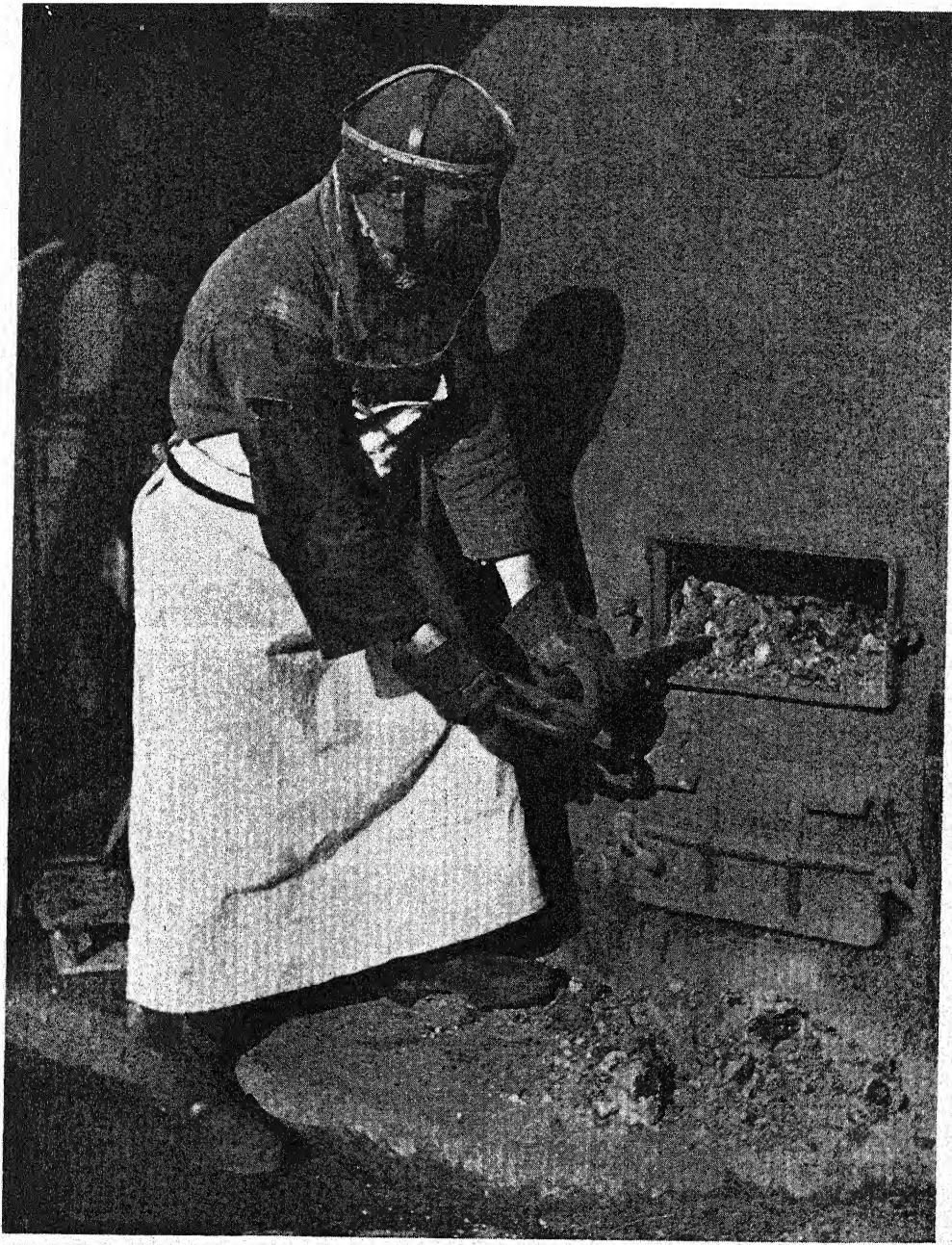
Danish authors, especially at the beginning of the present century, attacked social injustice in books and speech. The novels and tales of Henrik Pontoppidan, Jeppe Aakjær, Martin Andersen Nexø, and Johan Skjoldborg, and the fearless articles and speeches of Peter Sabroe, journalist and Member of Parliament, helped greatly in creating public understanding of social problems. The public consciousness became increasingly aware that social philanthropy carried out by private individuals and institutions was by no means adequate and that a great public task waited to be performed. A series of reforms followed, culminating in the Social Reform of 1933, created by the then Minister for Social Affairs, K. K. Steincke.

He collated over 50 different laws into four great Acts that are still the pillars of Danish social welfare.

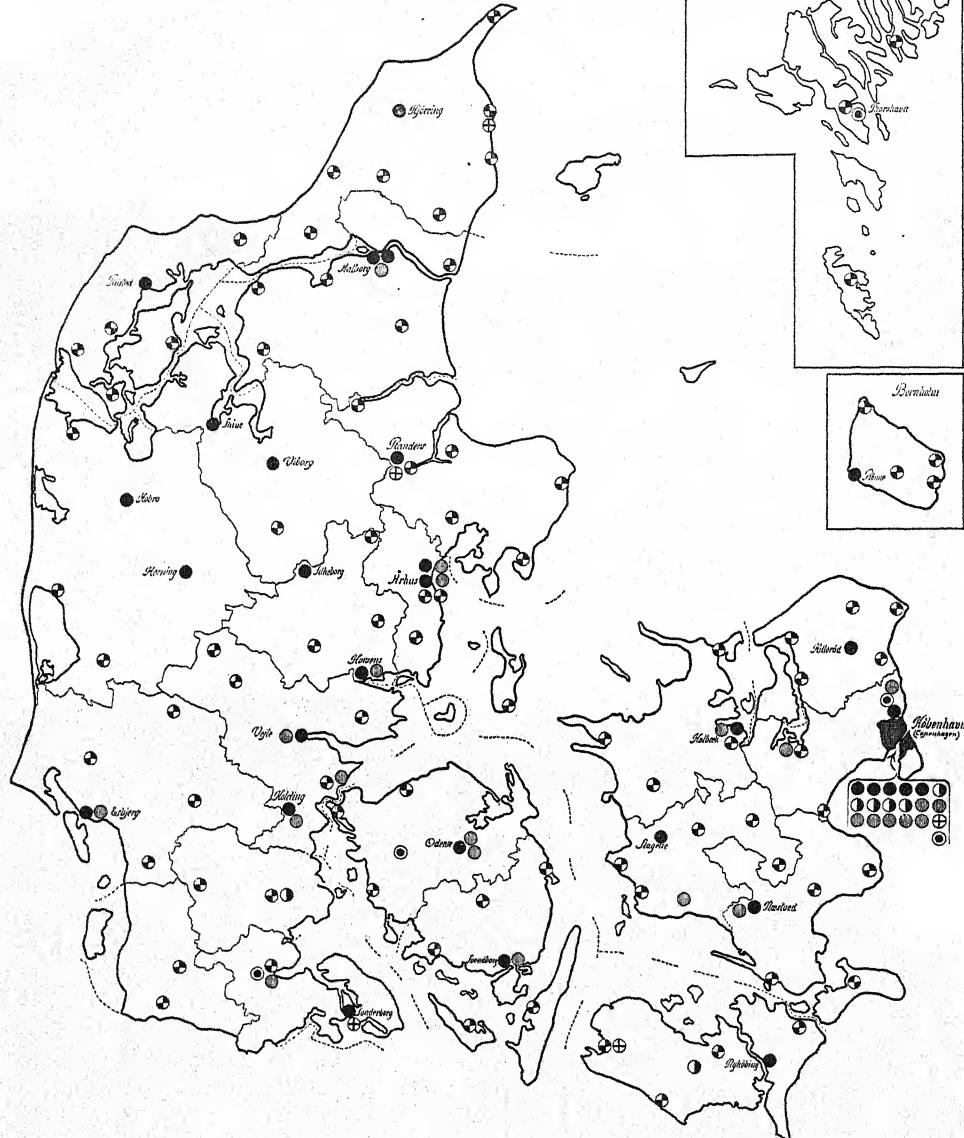
Social legislation in Denmark is still developing. The establishment in 1936 of the Social College, which trains social workers for hospitals, public assistance offices, children's welfare, maternity aid, employment offices, and the like, and the appointment of "social doctors" with a view to the rehabilitation of persons who attend public assistance offices have blazed new paths. The introduction of general family allowances, as they exist in New Zealand, Canada, Britain, Sweden, and Norway, is now under discussion, while a movement is afoot for the further modernization of legislation to protect the health of workers, and for the raising of sickness insurance benefits.

In the social work done it is desired to place as much emphasis as possible on rehabilitating and restoring to society as useful citizens persons who have suffered social shipwreck. The light of mental hygiene has been brought to bear on these problems, and a reorganization of the work of rehabilitation is in preparation.

Copenhagen, December 1948.

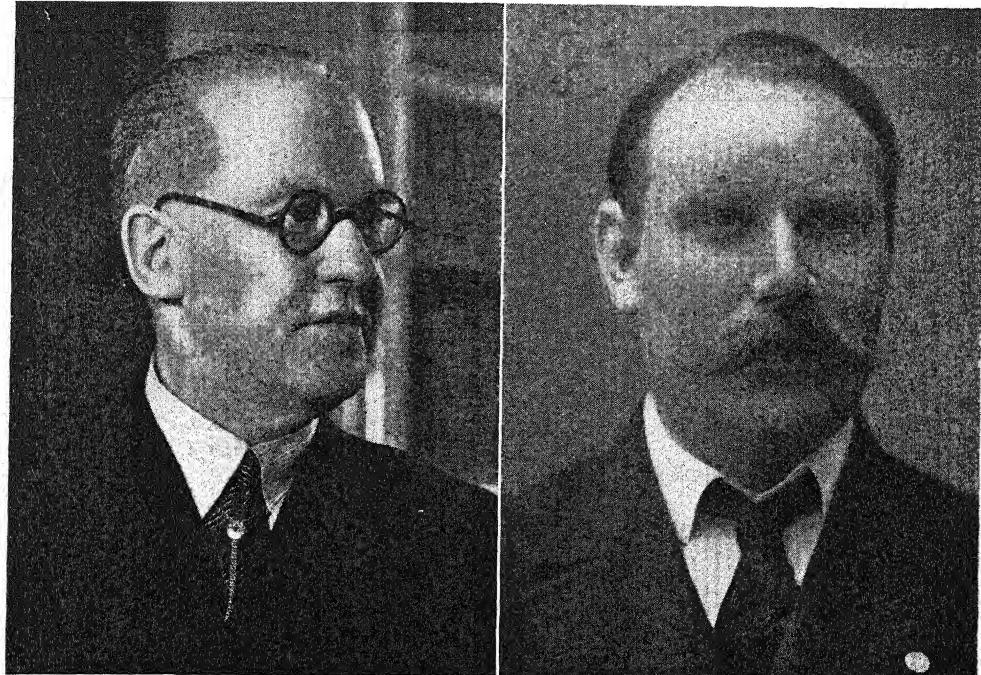


Asbestos clothing protects the worker against flame (Chapter IV)



- Central Hospitals
- Hospitals with medical departments only
- General mixed town and county hospitals;
- Private hospitals
- ⊕ Epidemic Hospitals
- Tuberculosis Hospital

The distribution of hospitals in Denmark

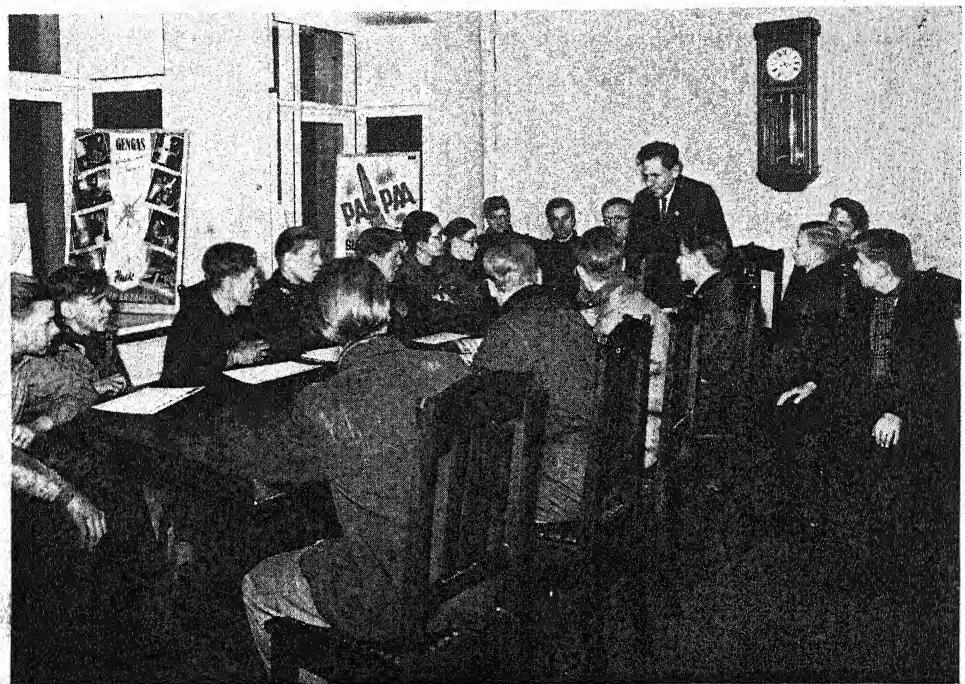


K. K. Steincke, former Minister for Social Affairs, who in the Social Reform of 1933 brought unity and plan, simplicity and humanity into the social services and their administration

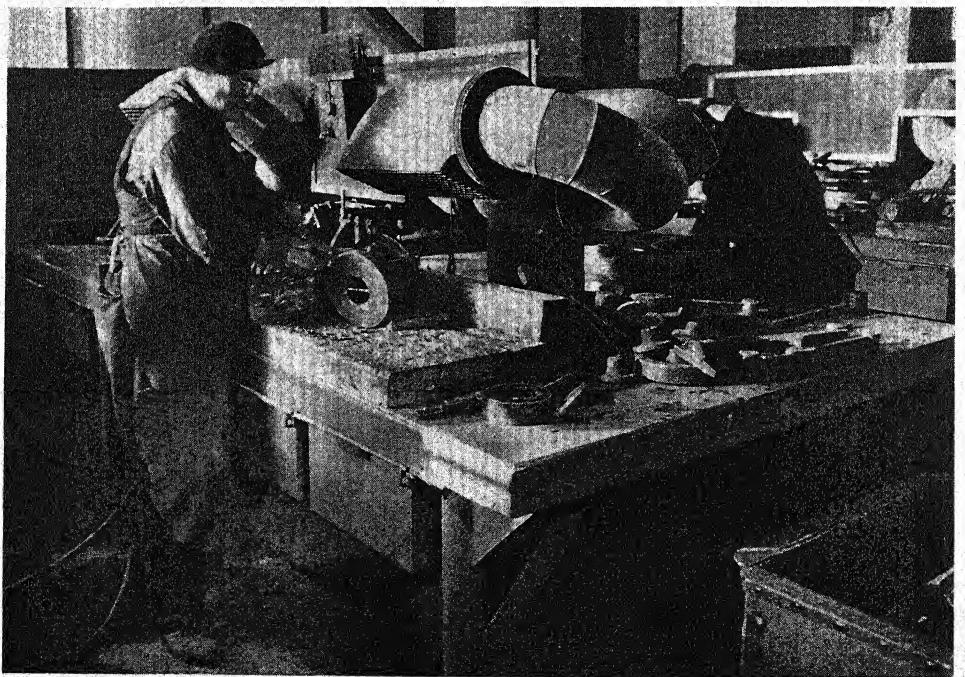
Peter Sabroe (1867-1913) fought the abuse of labour contracts and the maltreatment of children and animals and advocated school meals, aid for orphans, and widows' pensions



The mayor in charge of social affairs visits a Childrens' Home in one of Copenhagen's most populous working districts. The picture shows Copenhagen's former Lord Mayor, Viggo Christensen, a pioneer in Danish social reform.



The works foreman gives apprentices instruction in safety precautions



Sand from steel castings is removed by a suction apparatus, adjustable to the size and shape of castings and designed to prevent silicosis (Chapter IV)

CHAPTER ONE

TOWARDS SOCIAL SECURITY

Danish social policy has not been marked by abrupt change. The development of earlier creations, slow or rapid according to circumstances, is natural to the Danish temperament. A hundred years of democratic tradition has influenced social policy and its institutions. The people have a part in its preparation and administration, while private initiative has often inspired the social activity of State and local government.

Denmark has undergone the same evolution as many other countries, from the days when the family, the employer, or the church attended to the needs of the poor and the sick, until industrial and economic developments in more modern times changed the status and risks not only of the worker but of every member of the community. The old forms of assistance were then no longer adequate. As in other countries, the State and the local authorities were obliged to assume responsibility for the welfare of the distressed citizen; under pressure of the symptoms of distress (for example, the plague of begging) they were compelled to organize some care of the poor. In Denmark this was based primarily on the local governments, the municipalities.

Well on into the present century, however, not much progress had been made beyond the immediate relief of distress and modest assistance in alleviating its most glaring effects.

The free Constitution introduced in 1849 assured assistance to every citizen in case of need, but the beneficiary had to submit to the imposed legal obligations and the aid given was based on a means test.

Charity, it is true, had now given way to a kind of legal right to public aid that was sufficient to ensure a minimum

of subsistence; and the end of the nineteenth century saw the development of a mutual aid movement, expressed in the formation of workers' Friendly Societies as a protection against sickness and unemployment, which was given State aid. But the result was not much more than a very inadequate safeguard against the consequences of unemployment and sickness, accident and incapacity, and neither the insured benefits nor the payments from public funds, *e. g.* old-age pensions, allowed anything like a maintenance of the worker's ordinary standard of living. Some of the benefits were, and are still, liable to repayment, while a few even entail the loss of voting rights.

Only quite recently have unemployment, accident, and invalidity insurance, and care of the aged, reached relatively satisfactory proportions. But the benefits are unequal and health insurance benefits still leave much to be desired. While unemployment insurance and protection against accident are confined to the wage-worker, sickness and invalidity insurance and old-age pensions have been extended to cover all classes.

In the 1930s, in the world at large and in Denmark, there developed a strongly increasing tendency in the direction of preventing distress. By the organization of full employment it is possible to avoid poverty as the result of unemployment; by appropriate food subsidies, medical examinations, and health control, it is possible to limit sickness and the distress arising from it; controlled sterilization and interruption of pregnancy can assist in preventing serious hereditary diseases; the planning, control, and subsidizing of housing can help to raise the people's housing standard; and support for persons with dependent children and special medical control of children can alleviate the distress frequently associated with large families, limit infantile mortality, and help to give the new generation a good start.

These ideas were furthered by the discussion on population policy, and found expression in a series of legislative measures.

Along with the ideas of prevention, and inspired by the views on population policies, a tendency developed towards a more equitable distribution of the maintenance burden, especially in the support and education of children. By income-tax allowances, by subsidies to reduce the prices of food, by special rebate cards for certain sections of the population, by school

meals, and by rent subsidies for large families some progress has been made towards redistributing the burden. Along with preventive health measures, slum clearance and new housing, steps to regulate the labour market, and other measures aimed at removing the causes of distress, has gone an increasing realization in the work of social welfare itself of the need, not only to relieve the symptoms of distress, but to attempt to analyse their causes and to counteract them. Features of this realization are the efforts that have been exerted to extend the knowledge of mental hygiene, to enlist the help of doctors and psychologists in work with maladjusted children, to employ doctors and social workers in the investigation of physical or psychological causes of want, and the work of training and re-educating persons who have been incapacitated by injury, prolonged illness, or prolonged unemployment.

Private philanthropical work may be small, economically, compared with the work done by public bodies, but it still has its sphere of operations, for example in the permanent work of the church nurses, in Christmas collections, and like activities. Great importance attaches to private interest in humanitarian work and the establishment and operation of institutions, notably for children, invalids, and old people; and there is considerable public financial support for this institutional work.

Since Denmark has steadily developed a strongly defined but predominantly voluntary social insurance system, a considerable degree of preventive work, full measures for the treatment of sickness, and a comprehensive welfare system, no need has been felt of any rational or revolutionary re-organization of the social services as has been experienced in other countries.

But even with the considerable progress obtained by piecemeal but extensive legislation (collated in 1933, as far as social insurance and social welfare are concerned, in the "Social Reform" of Mr. K. K. Steincke, then Minister for Social Affairs), there is still some way to go to achieve social security—that is, the state where no citizen need fear that ill-health, unemployment, or other misfortunes will deprive him of his livelihood. But the means which the community has of aiding him have become so effective that he is able to main-

tain a standard of living above the subsistence level, without any limits to his personal freedom and without any restriction of his civil liberties.

It is to be expected that Denmark will seek to make new advances by extending the existing systems, and not by revolutionary innovations.

The following chapters will briefly outline the present stage of development in Denmark, and will touch on some of the desired improvements.

First a few facts about the Danish people.

The birth rate has been rising since the 1930s. In 1946 it was 23.4 per 1,000 population. The death rate in 1946 was 10.2 per 1,000 population, and for several years there has been a considerable excess of births over deaths.

Infantile mortality (infants under one year) in 1947 was 4.1 per 100. The average life expectancy of men was 65.2 and of women 67.7.

Of a total Danish population of 4,165,000, 976,000 lived in the three municipalities of Greater Copenhagen, 1,061,000 in other towns and cities, and 2,128,000 in the country. Of this last figure, however, 650,000 were in urban districts in the country, so that altogether 65 per cent. of the population lived under urban conditions.

The largest cities after Copenhagen are Aarhus (111,000), Odense (94,000), and Aalborg (62,000). Ten other towns had populations of over 20,000, and two urban districts near Copenhagen also had over 20,000.

Women have been entitled to vote and have been eligible for election to all public assemblies and councils, on an equal footing with men, since 1915, but their representation in Parliament is rather small. There are 14 women in the *Folkeeting* (Lower House) out of a membership of 149, and 11 out of 76 in the *Landsting* (Upper House).

In the municipal councils the women are represented with 345 seats out of a total of 11,489, but in the municipal boards of guardians, which include non-members of the councils, the women have 40.3 per cent. of the seats, while 47.6 per cent. of the substitute members are women.

Of the total population, 28 per cent. live by agriculture,

forestry, and fishing; 31 per cent. by industry and handicrafts; and 19 per cent. by trade, commerce, and transport. In 1940, about 68 per cent. of the population were actively engaged in some occupation.

In agriculture, 38.5 per cent. of the persons occupied were managers or owners, 15.1 per cent. were actively occupied wives, and 46.4 per cent. were workers or other employees. In industry and crafts 14.8 per cent. were managerial and 1.6 per cent. actively engaged wives, while 8.5 per cent. were salaried employees and 75.1 per cent. wage-workers. The average number of persons employed in industrial and craft businesses in 1935 was only 4.5.

In 1946 there were 208,000 agricultural holdings with a total area of 7,900,000 acres, or an average acreage of about 37. There were only 1,000 holdings with over 250 acres, together about 6.5 per cent. of the total agricultural area; while smallholdings (varying between $7\frac{1}{2}$ and 37 acres) occupied about 16 per cent. of the total. Half of all farms had between 25 and 150 acres, and only 3,500 had between 150 and 300 acres.

In 1945, just under 2,000,000 persons were assessed for income tax, of whom 1,200,000 had dependants.

Only 2,271 had a capital of over Kr. 500,000.

24,959 had Kr. 100,000–500,000.

577,492 had Kr. 4,000–100,000.

425,939 had less than Kr. 4,000.

951,953 returned a nil declaration.

The average capital was Kr. 9,346, or, if we take only those with any capital assessment at all, about Kr. 18,000.

The average income of all 2,000,000 persons assessed was Kr. 3,913, and of those with dependants Kr. 4,999. Only 2,974 had an assessed income of Kr. 50,000 or more, and 83,739 had an income of Kr. 10,000–50,000.

The average wage in industry and the crafts in the July quarter of 1947, in the whole of Denmark, for skilled workers (nearly half the total), was Kr. 3.12 an hour. The average for unskilled workers was Kr. 2.64, and for women workers Kr. 1.86.

Cash wages in agriculture (in addition to board and lodge) for farm workers of 21 or over was Kr. 2,842 a year, and for girls of 18 or over Kr. 1,586.

The average consumption of calories per head in 1946 was 3,130, a relatively large proportion of which was represented by fats and proteins.

In the towns and cities 33 per cent. of the population lived in flats of two rooms and a kitchen, 30 per cent. in three rooms and a kitchen, and slightly less than 3 per cent. in only one room, while the remainder lived in larger flats or houses.

During and since the war there has been a rise in the cost of living, in Denmark as in every other country. Extensive and highly-paid works initiated by the German forces during the occupation caused large sums of money to be pumped into circulation. This led to serious post-war monetary problems and to a latent danger of inflation. The Government, however, has succeeded in holding the inflation in check by means of price-control, the rationing of agricultural export goods, food subsidies, and so on. The cost-of-living index for a normal family, two adults and two children, in 1935 was 100, but had risen, in July 1945, to 170, in July 1946 to 168, July 1947 to 174, and July 1948 to 179. Changes in the cost-of-living index have been followed by adjustments in industrial wages, wages and salaries of public servants, old age and invalidity pensions, etc.

The retail prices of the principal consumer goods in 1948, per kilo., were: rye bread Kr. 0.30, oatmeal Kr. 0.72, sugar Kr. 0.64, coffee Kr. 6.63, butter Kr. 5.12, margarine Kr. 2.76, eggs Kr. 0.25 (each), milk Kr. 0.40 (per litre), buttermilk Kr. 0.24 (per litre), beef and pork about Kr. 3.25, cod Kr. 1.00, herring Kr. 1.08 and potatoes Kr. 0.40.

A suit of clothes costs about Kr. 200–250, a shirt about Kr. 20, a pair of shoes about Kr. 35. The cost of a lady's dress is about Kr. 100, that of a lady's overcoat about Kr. 175. Rents will be described in Chapter 22.

CHAPTER TWO

THE PROBLEM OF EMPLOYMENT

In Denmark it has come to be regarded as an important object to maintain a high degree of employment in order, among other things, to ensure the individual citizen as economically stable an existence and, better still, as high a standard of living, as possible.

The means of achieving an effective employment policy have mainly been of an economic nature, and they will generally vary with varying conditions. During economic crises and in wartime there has been a considerable development of Government control over wages and prices. Import licences have provided the means with which to regulate imports. Together with the occasional rationing even of internal raw materials, such as cement, these measures have been able to influence employment. By Government influence on the rate of interest, and through taxation policy, it has also been possible to stimulate, or if required restrict, employment.

In addition to launching public works the authorities have stimulated the interest of private enterprise in increased employment, both in housing and other building and in the production of goods, by means of subsidies and loans.

Plans were drawn up for a series of post-war public works, what were known as "preparedness" works, to be carried out by the Government and the local authorities, and to employ about 50,000 persons on full-time work. These public works consist partly of constructional work (*e.g.* on roads, coasts, sports grounds), which chiefly employs unskilled labour and calls for a relatively small consumption of materials, of which there is a shortage, and partly of building work. While in principle it is agreed that private enterprise should make the

main contribution with regard to employment, the local and State constructional works can be accelerated or retarded to suit the employment situation. Formerly there was a fairly large unemployment percentage. During the last few years unemployment in the severe winter months has amounted to 10 per cent., but in the summer months only 1-2 per cent.

In the Employment Office of the Ministry of Labour a body exists for administering the public works and for the institution of other measures to provide work for the unemployed.

On such public works normal working hours must be 48, and first priority must be given to men between the ages of 18 and 60 who have been out of work for a prolonged period and who have persons dependent on them, and to men with no dependants who are between the ages of 50 and 60, while workers who are able to obtain normal employment are not employed on them. The Employment Office is responsible for the check on the workers and for administering the State subsidies, which are granted to local authorities or institutions with the main object of combating unemployment or, where indicated by special conditions, for work instituted by private enterprises. Authority is provided for the allocation of special grants for training the unemployed, in order that they may acquit themselves satisfactorily not only on the special employment-promoting work, but also later, when they return to private employment.

As a matter of principle, and in accordance with democratic tradition, there is no desire under normal conditions to restrict the liberty of the individual to seek the employment and choose the occupation he desires. But by the introduction of economic restrictions some restraint has been placed on the free play of economic forces, and by the institution of large State and local government works many people have been found employment who would otherwise have been out of work. And when private enterprise (*e. g.* agriculture in summer), requires labour, the public works can be suspended. For a period there was a prohibition of overtime, and there have been agreements between trade unions and employer organizations on the distribution of work, whereby the workers in a particular trade have worked a reduced number of hours. In such cases public

subsidies have been paid to the workers, through special work-distribution funds, that have maintained their wages at a level only slightly below their normal earnings.

But even in periods when economic restrictions and public works have been minimal, there has been widespread use of the employment exchange system. Through public and trade union employment exchanges, or through special municipal employment boards, and under the observance of the freest possible choice of occupation, much has been done to help the unemployed person to find the right job.

There are 31 public employment exchanges, with six branch offices, distributed throughout Denmark. These offices carry out considerable work in finding employment, but, especially in the towns, the employers chiefly apply for the labour they require to the trade union unemployment sections. And although the farmers also make use of the public exchanges, some of the engagement of labour for agriculture takes place through advertisements in the newspapers.

The public employment exchanges also provide occupational guidance, often by means of psycho-technical tests of apprentices. Some of the exchanges have established special sections for providing or procuring employment for the partially disabled, who on account of prolonged illness, invalidity, or merely a long period of unemployment are unable to keep pace with the normal speed of work in industry. Certain employment measures have, in some years, been specially reserved for the partially disabled (*e.g.* work in parks and forests and, for women, the repairing of clothes and alteration of second-hand clothing). Use is made of the services of doctors and social workers attached to the employment exchanges. In some localities, municipalities or voluntary associations have set up workshops for testing the capabilities and willingness of the partially disabled, and for providing them with training as a supplement to the general work of persuading employers to train and teach them.

Where a municipality has no employment exchanges or branches, it must set up a municipal employment board. Members are appointed by the local council and by the trade unions, and the employers are likewise represented. The object

of the boards is to procure work for unemployed, especially with employers who may have a means of expanding their manpower.

Special measures are taken to alleviate and prevent juvenile unemployment. A special effort is made to prevent young people from becoming unemployed, because juvenile unemployment often leads to depression and delinquency, and stress is laid on the importance of providing them with employment of an educational character. For unskilled juveniles there are at present five technical youth schools, while special juvenile work and other measures provide an opportunity for vocational training and re-training, physical training, and general education.

The juvenile unemployed has the free choice of whether he will attend a technical youth school or participate in other juvenile training, but length of attendance may not normally be less than four months or more than nine months. The only persons who may attend are young unemployed persons between the ages of 18 and 25, who either express the desire to do so or have been out of work for a prolonged period. They must normally be occupied for 36 hours weekly at work, and otherwise in education, especially of a technical nature, and in sport. The work done must be piece-work, where possible, and where board and lodge are provided an appropriate amount must be deducted from the wage, while working and home clothes may also be provided against deductions from the wage. Deductions are likewise made for sickness insurance contributions, but not for unemployment insurance. Twenty-five per cent. of the wages after payment of board and lodge is deposited in a savings bank, and the amount and interest are paid out at the end of the prescribed period of training. Free return travel is allowed, and free journeys in some holidays.

Valuable work of social rehabilitation is carried out by Kofoed's School in Copenhagen. This school for unemployed, founded and directed by Hans Christian Kofoed, aims primarily at the re-establishment of self-respect and a desire to work in young people who are at cross purposes with the community. The school deals not only with individuals but also with whole families.

CHAPTER THREE

TRADE UNIONS AND EMPLOYERS

In earlier times, master craftsmen were compelled to join their respective Guilds, which required them to observe certain obligations to their journeymen. The guild system was abolished in Denmark by the free Constitution of 1849, and there was a period without any trade organizations until the first free trade unions were organized, to be followed later by employer associations. An employer's association was established in 1896, and in 1898 the bulk of the labour unions united to form the national Trade Union Centre (the Danish Trades Union Congress). The latter body now comprises 72 unions with a total membership of 605,000; there are a few unions which are not affiliated to the T. U. C. and they have a membership of about 26,000. About 85 per cent. of all workers and salaried employees in industry, crafts, and trade are members of trade unions. The organizational form is not the industrial union covering all the trades in one industry, but the craft union with a different union for each trade. Most of the unskilled workers are organized in the General Workers' Union, with a membership of 240,000.

The work of the trade unions during the past 70 years has been an important factor in improving wages and other working conditions, and in obtaining holidays and other benefits. The methods employed by the unions have been strikes and blockades, while the employers have been able to resort to lock-outs and the boycotting of workers. Following a big lock-out in 1899, however, the national organizations of workers and employers quickly arrived at an agreement defining the terms on which they were prepared to co-operate, and prescribing the regulations to be observed in connection with disputes. The

result was what is generally known as the September Agreement of 1899. The two organizations recognize each other's right to resort to labour stoppages as a bargaining weapon. But neither party may proclaim or sanction either strike or lock-out unless it has been agreed upon by at least a three-fourths majority of a qualified assembly, while due warning must be given at least 14 days, and again at least 7 days, before the stoppage is effective. It was also agreed that at least three months' notice should be required to terminate any agreement.

Standard rules have been formulated in course of time for dealing with labour differences, and for the negotiating of agreements, and on the proposal of the organizations a law has been passed establishing a Conciliation Institution for conciliating in labour disputes. When the conciliation officer has reason to fear that a labour stoppage is about to take place (or one has already broken out), and its effects and scope are considered to be of serious national importance and negotiations between the two parties have ended without result, he may convene the disputing organizations to new negotiations, and they must accept his invitation. If he has decided to try conciliation he may stipulate that the stoppage must take place before he has declared the negotiations to have ended. This demand, however, may extend over a period of only one week and may be made once only during one dispute.

There are three conciliation officers, and up to 12 mediators are attached to the Court and may be summoned to lead the negotiations when these are resumed between the two disputing organizations.

There is also a statutory Permanent Court of Arbitration in which the two national organizations are equally represented, and whose chairman and vice-chairman are lawyers chosen by the Court's members.

This arbitration court considers infringements of the September Agreement and collective violations of agreements. It may decide whether a strike or lock-out that has been started, or of which warning has been given, is legal or not. It is also empowered to levy fines.

Through the work of the organizations a large number of collective agreements have been established covering practically

the whole of the Danish labour market and regulating every detail in the relations between workers and employers, in the first place wages. The agreements usually entitle the workers of individual undertakings to elect a representative (shop steward) to protect their interests with the employer. In 1947 the two national bodies reached agreement on the establishment of joint production committees, especially in the larger undertakings. The committees are to consist of representatives of the employers and the technical and commercial staff, and of all other persons employed in the business, and the shop stewards are automatically members of them. Rules have been formulated which lay down the number of members in each committee in proportion to the number of employees in the factory. The purpose of the production committee is to provide for co-operation, advice, and information, and it is designed to promote production, to establish the best possible working conditions and satisfaction, and to give the employees the utmost interest in the running of the factory in which they work.

Much stress has been laid on drawing the organizations into the work of administering labour legislation, and a number of boards and committees that have been set up under existing legislation have representatives of both employers and workers on them.

CHAPTER FOUR

LABOUR LEGISLATION

It is a characteristic feature of Danish technical training that the artisan or skilled worker is required to undergo an extensive apprenticeship. The training does not take place at special schools but chiefly in the workshop, with the result that a personal working relationship is established between the apprentice and the master. Artisan apprentices are principally trained in small firms; 60 per cent. of them are to be found in undertakings with a maximum of five fully-trained workers, while 13 per cent. of them have no workmen at all. In the engineering industry, however, the training is more often obtained in larger establishments.

Under the apprenticeship law an apprentice must serve an apprenticeship of up to four years, in exceptional cases five years. A contract is required where the apprentice is under 18 when he begins his apprenticeship; no person may be apprenticed who has not left school and has completed the age of 14. There is a trial period of six months in which the parties may dissolve their contract without motivation. The master must have been trained in the trade in which he is to give instruction, or the training must be delegated to a technically trained person in his employ. Committees have been appointed in the different trades which can prescribe detailed rules of how the training must take place, and when these have been endorsed by a Government Apprenticeship Council they are binding on the master. At the end of his apprenticeship period the apprentice must submit to a journeyman's test. The master is liable to compensation where insufficient care has been taken with the training and this has resulted in the apprentice's inability to pass his test.

The master is responsible for seeing that the apprentice attends for general and technical instruction at a local approved technical school, and he bears the costs. The master pays an apprenticeship wage that is fixed by agreement and rises during the course of the apprenticeship. The wage may be partially replaced by the provision of board and lodge. About 15 per cent. of all apprentices, especially in the rural districts, receive such payments in kind.

The master has some obligation in regard to the apprentice's general education, but may not exact domestic discipline. He must see that the apprentice is a member of a State-approved sick club, and pay the costs.

The apprenticeship contract must be approved by the labour exchange. The technical supervision is carried out by a joint committee of employers and worker representatives. The apprenticeship law also guarantees the apprentice holidays.

In the case of salaried persons in private employ there is statutory regulation of the rights of employer and employed, the employee with six months' service being guaranteed a minimum notice of three months, rising every third year to a maximum of six months. The employee, for his part, may terminate his employment at a month's notice. The law also guarantees the payment of salary during illness and extraordinary military service, compensation for illegal dismissal, and salary for surviving dependants. It is illegal for the employee to renounce these rights.

For workers in agricultural and domestic service, the law prescribes detailed regulations governing the rights and obligations of both employer and employed, and these regulations are unalterable in the case of workers under 18. Besides regulations regarding the worker's room and board, he is entitled to holidays with pay (sometimes up to 12 weekdays a year) and in the event of illness to the continued receipt of board and lodge until such time as the service can be legally terminated. Half a month's notice, expiring on the first day of the month, is prescribed for the termination of employment.

A Holiday Act passed in 1938 guarantees to every wage-earner or salaried employee, in public or private employment, one day's holiday with pay for each month of service during

the preceding year. The person entitled to the holiday is under an obligation to take it, and loses his holiday pay for the whole period if he does other paid work in the holiday period.

To protect workers from the dangers to which they may be exposed while at work, either from accidents, industrial diseases, or unhealthy or unsuitable working conditions, there is a rather comprehensive factory legislation, which has been extended to include the positive work of securing health-conserving working conditions. The legislation covers factories and factory-operated workshops and other establishments with a minimum of 2-6 employees. Bakeries and confectionary undertakings are also subject to inspection. Special protective measures are prescribed in all cases where machines or other technical apparatus are present.

Regulations are laid down for effectively combating industrial hazards not only in regard to machinery, but also in the arrangement, ventilation, cleaning, lighting, and temperature of workshops, and much importance is attached to securing good personal hygiene. Special work is done in combating industrial diseases, particularly by the employment of a special staff of doctors attached to the Government Factory Inspectorate, whose inspectors are engineers.

CHAPTER FIVE

UNEMPLOYMENT INSURANCE

Insurance against unemployment is based on the unemployment funds established by the workers themselves in association with the trade unions, and is voluntary in principle. But since in many cases it is difficult to obtain work without being a member of a union, and since the trade unions require their members to insure themselves against unemployment, insurance has been widely adopted. There are 67 trade union unemployment funds with a total membership of some 600,000 active members. The funds are national insurance societies with local branches, and their finances are kept completely separate from the ordinary funds of the union. The bulk of the members of both organizations, however, are identical, as are often the leaders, who are elected by them. A law on labour exchange and unemployment insurance prescribes the terms of this voluntary insurance, including Government inspection by the Directorate of Labour.

Only the wage-earner without private means who is between the ages of 18 and 60 is insurable, and only when he is employed or can obtain employment of suitable duration in the trade. "Private means" in this connection refers to a sum which does not exceed Kr. 11,000, or Kr. 16,500 if he has dependants. If his means consists of fixed property the limit may be raised to Kr. 16,500 and Kr. 24,750 respectively.

No person may be an active member, entitled to benefits, of more than one unemployment fund; and membership of a trade union is not a condition of membership in an unemployment insurance fund.

The unemployment funds pay what is known as the "ordinary" benefit; "continuation" funds, which will be referred to

below, pay benefit during periods of exceptionally heavy unemployment, when the ordinary benefit has expired.

Benefit is paid per day, for six days in the week. The fund's statutes fix the amount, but there is a minimum of one krone a day and a maximum of Kr. 9.40 a day or Kr. 56.40 a week for persons with dependants, and Kr. 8.40 a day or Kr. 50.40 a week for persons without dependants. These amounts are regulated according to the cost-of-living index. Supplementary benefits may be payable for each child under 17 at home, at the rate of one krone a day. In the case of children over 14, however, this applies only where the parents are involved in appreciable expense in connection with their education.

In the case of persons who have dependants and who have been unemployed for 25 registered days, a further supplement is paid for rent, the maximum in Copenhagen and other towns being Kr. 60 and in the country Kr. 40. The total daily benefit payable, however, may not, in the case of persons with dependent children, exceed four-fifths of the average daily earnings; in other cases two-thirds. Besides benefit plus the supplements for children and rent, the funds may also make payments for travel, removal, and Christmas.

Benefit is not payable until after 12 months of membership (except in the case of members who have joined at the end of their apprenticeship), and even then only after 39 weeks' work, 26 of which must have been within the preceding 18 months. Benefit is not paid during the period of "quarantine", *i. e.* a minimum of six days (and a maximum of 45 days) immediately following a period of unemployment after work of more than a temporary character.

The maximum number of days for which a member may obtain ordinary benefit in a "benefit" year varies from 90 to 160 days.

A member cannot receive full annual benefit for more than four years (in certain cases five years), and the right to benefit lapses when a member has not been employed for 26 weeks during the previous three years (in the case of persons under 22 without dependants, the previous 18 months). The right to benefit is recovered when the member has been employed as a wage-earner for 26 weeks in 12 successive months.

Unemployment benefit is not payable during strikes and

lock-outs, during illness, during self-incurred unemployment, when the member is in receipt of an old-age or invalidity pension, poor-law relief or municipal relief entailing loss of electoral rights, or when without adequate reason he refuses to take suitable employment that has been offered to him. Benefit is obtainable only when the member presents himself personally for regular control, thus proving that he is unemployed.

In order to obtain benefit in municipalities where there is an employment board, a member under 30 who has no dependants must have a certificate from the board to the effect that in the board's opinion he has been unable (even with its assistance) to secure suitable work in the municipality or its vicinity. The skilled worker who is unable to obtain work in his own trade may, however, draw unemployment benefit during a maximum period of two months, unless he is offered employment which he may not, under the general regulations, refuse to take.

An approved unemployment fund may set up a continuation fund from which benefits may be paid, during periods of exceptionally heavy unemployment, beyond the number of days fixed by the statutes. Continuation fund benefits are payable according to the same rules, and with the same amounts and for the same number of days as the ordinary fund benefits, though for a maximum number of 140 days in any one benefit year.

The costs of the ordinary insurance are covered primarily by members' contributions, but the State makes grants in proportion to the contributions and in the light of the average annual earnings in the trade concerned, the funds that are associated with trades with the highest average annual earnings receiving the lowest subsidy. The State also pays subsidies to cover the costs of the increase in benefit rates and child allowances that have been operative since 1940. One-third of the State subsidy is contributed by the local authorities.

The costs of the continuation funds are met partly by members' contributions, and partly by subsidies by the State, the municipalities, and the national Unemployment Fund. The revenue of the last-named derives from contributions by employers, at the rate of Kr. 15 per fully-employed worker per annum.

Contributions to the unemployment funds vary from trade to trade, but rarely exceed Kr. 4 a week. A member who is four weeks in arrears with his contributions is generally expelled.

The municipal employment boards may assist a member by paying up to half of his unemployment fund contribution (but not his ordinary trade union subscription), when it is deemed that he will have difficulty in paying the full contribution. An unemployed member who has exhausted his possibilities of benefit from both unemployment and continuation funds is exempted from paying contributions for a period of three months. A member doing compulsory military service is exempt from payment of contributions, and members attending day courses with grants are also exempt.

As mentioned in Chapter II, employment is offered and obtained through the unemployment funds and the public labour exchanges. These, and the municipal employment boards, are also responsible for the unemployment control.

CHAPTER SIX

ACCIDENT INSURANCE

(Workmen's Compensation).

Denmark obtained its first Accident Insurance Act in 1898. The existing legislation, which was last amended in 1947, provides for insurance against full or partial incapacity through accidents incurred while at work. It places the financial responsibility on the employer, as part of the business costs of production. While employees pay no contribution, the employer is required to take out an insurance policy with one of the insurance societies approved by the Minister for Social Affairs. These are societies whose profits are limited to the extent that three-fourths of the amounts received as premiums must be spent in payments prescribed by the law. The State makes grants to enable the premium payable by employers with small incomes to be reduced. Such employers may also insure themselves and their wives under the Accident Insurance Act when they have no insurable assistants.

For administering and supervising the Act the Government has set up an Accident Insurance Directorate, which usually decides on questions of incapacity and compensation. In certain cases, appeal may be made to the Ministry for Social Affairs or to a specially appointed Accident Insurance Council, but not to the courts.

The Act applies to every worker irrespective of whether he is permanently or temporarily employed, and provides for compensation regardless of whether the employer is to blame or not. (Fortuitous accidents are included. Excepted from compensation are accidents incurred by the worker deliberately, while gross negligence or intoxication entail the reduction or loss of compensation.)

An employer is obliged to insure any person in his employ, regardless of whether the employment is temporary or of short duration. In order to avoid a large number of relatively costly small insurances, however, there is exemption from compulsory insurance in the case of domestic assistance of a casual or purely transitory character, such as charwomen. These are eligible for compensation under the Act, the costs being distributed among the approved insurance societies. If an employer has neglected to insure an employee, he may be called on to pay a fine, and will still be liable to pay the employee compensation. Should the employer be unable to pay, the compensation will be advanced by the Directorate, and distributed among the approved accident insurance societies.

Employers liable for insurance must, as a general rule, take out a policy with a society approved, as already stated, by the Ministry for Social Affairs. In the case of shipping and fisheries, however, the insurance is arranged through mutual insurance unions, one for each of the two industries. An overdue insurance premium may be obtained, if necessary, by distraint.

The State and local authorities must pay accident compensation to employees and holders of public office, but are not compelled to take out insurance.

Insurance comprises accidents which temporarily or continuously reduce the working capacity of the person affected, or cause death (*e. g.* wounds, blows, cuts, crushing, sprains, heat-stroke, frost-bite); also injurious effects lasting for not more than a few days that are caused by the work or the conditions under which it is carried out, and which involve reduction of working capacity or death (*e. g.* gas-poisoning meningitis, tuberculosis (doctors and nurses), fibrositis, and gangrene). Insurance likewise covers industrial diseases incurred in certain specified establishments when the disease can reasonably be ascribed to the work done in such establishments, *e. g.* lead poisoning and pulmonary diseases (such as silicosis) caused by inhaling stone dust and minerals; though there are very few such compensation cases.

The Act also covers accidents arising out of attempts during work to avert bigger accidents, and (regardless of whether in

connection with work or not) accidents which occur during attempts to save human life.

Otherwise an insured person is entitled to compensation only when the accident occurs during his work, or in circumstances associated with his work. No compensation is given under the Accident Insurance Act for accidents which occur during leisure, when on holiday, or while on the way to or from work.

Under pain of fine, the employer must report an accident to the Accident Insurance Directorate within eight days (in the event of death, 48 hours). In the case of industrial diseases the obligation to report devolves on the employee himself. Where no report has been made by the employer, the employee may himself raise a claim for compensation provided he does so within a year of the accident.

Payments consist of daily benefits, invalidity compensation, compensation to surviving dependants, funeral benefit, and, in certain circumstances, special treatment, bandages, artificial limbs, etc., while the case is pending. It is assumed that the employee has insured himself for ordinary medical attention through a sick club.

The daily benefit, which temporarily offsets loss of earning capacity, is fixed in relation to the lost earnings, though only to the extent of two-thirds of the daily wage and with a maximum of Kr. 12.50. Payments cover seven days in the week. In order to avoid numerous small compensation claims, the sickness insurance societies are allowed to cover the risk of loss of earnings during the first 13 weeks, with the benefit for which the employee has voluntarily insured himself. Benefit under the statutory accident insurance is not paid until the beginning of the fourteenth week after the accident, and normally only for up to one year after it—in exceptional cases up to three years, when the case is still pending. It is not unusual, however, for the employer to take out a voluntary benefit insurance for the first 13 weeks.

Invalidity compensation is compensation for permanent disablement or incapacity, and is fixed according to the degree of disablement and the annual wage. When the invalidity is 50 per cent. or more, the compensation is fixed as a pension corresponding, with full disablement, to two-thirds of the an-

nual wage. With partial incapacity there is a percentage reduction in the pension. The annual wage used as a basis for computation is not the actual wage, but a maximal annual wage of Kr. 5,000. A worker with 100 per cent. disablement will therefore at the most receive Kr. 3,333.33 per annum.

Changes may be made in the pension or the compensation in consequence of changes in capacity, but only within five years after the pension was first fixed. In exceptional cases it may be capitalized. The pension system is resorted to in cases of extensive disablement, the advantage being that the compensation is secured for maintaining the injured person. Hence capitalization is the exception rather than the rule in such cases; but in degrees of invalidity under 50 per cent. a capital sum is normal, since it gives the beneficiary a chance to make a fresh start. No compensation is paid at all for less than 5 per cent. incapacity.

A funeral benefit of Kr. 350 is paid.

Ordinary benefit, pensions, and funeral benefit are regulated according to the cost-of-living index.

Compensation to surviving dependants is given in the form of a capital sum. The amount is computed on the basis of the dead person's annual wage; for example, a widow may receive up to Kr. 20,000, and if she has children, up to Kr. 35,000.

There are other arrangements with regard to accident insurance, under an extensive body of legislation on compensations and pensions in special cases. They include the arrangements for military personnel and persons serving their period of military training, for war casualty insurance in general and war insurance for seamen in particular, for compensation payments to victims of the German occupation, and for pensions for war invalids and widows in the South Jutland province resulting from the 1914-18 war. These special schemes usually provide for somewhat higher compensations than the general accident insurance system.

CHAPTER SEVEN

SICKNESS INSURANCE

About 80 per cent. of the Danish people cover their requirements in medical attention, hospital treatment, and other sickness aid through voluntary active insurance with State-approved benefit societies (or sick clubs), and about 10 per cent. are actively insured with State-controlled insurance societies for persons of means. Insurance is voluntary, but the Health Insurance Act requires every Danish subject above the age of 21, who is resident in Denmark or employed on a Danish ship, to become passively insured, with the opportunity of becoming an active member of a sick club later, if required. It is possible to join a sick club at the age of 14, but generally not after the age of 40. Transfer from passive to active membership may take place at any age and regardless of health.

A person joining a sick club, either as an active or a passive member, must not be temporarily ill, or incapacitated, at the time of joining.

Refusal to fulfil the minimum requirement of passive membership involves the payment of an annual fine which is slightly higher than the contribution of a passive member.

The division into "persons without means" who are actively insured in sick clubs, and "persons of means" who are insured in health insurance societies is based on income and other means. Persons living in Copenhagen, with a taxable income of less than Kr. 7,800, in other towns Kr. 7,200, or in rural districts Kr. 6,200, are regarded as being "without means".

The income limit is the same for single persons and married couples, but is raised by Kr. 475 for each child under the age of 15. If the means of a single person do not exceed Kr. 18,000,

or of a person with dependants Kr. 26,000, that person is regarded as being "without means".

The committees of the sick clubs and sickness insurance societies are elected by the insured members; but the Sickness Insurance Directorate, which is a State body under the Ministry for Social Affairs, inspects the sick clubs, and the State pays substantial subsidies towards the costs of State-approved sick clubs, but not of the sickness insurance societies. The employers do not contribute to sickness insurance. The municipalities bear part of the public subsidy and sometimes make direct voluntary contributions to the local sick clubs, of which there are generally one to each municipality.

Membership contributions may vary from one sick club to another, and are higher the bigger the benefit insured for. In 1945, the contribution averaged Kr. 3 a month, but will probably be raised to Kr. 4 as a result of the latest agreements with regard to doctors' fees.

In 1945 there were 1,590 State-approved sick clubs with 2,367,000 active members, plus members' children under 15, and 260,000 contributing members. The sick clubs had a combined capital of Kr. 70,000,000. Expenditure in 1945 totalled Kr. 125,000,000; while members paid Kr. 86,000,000 in contributions and the State and municipalities made statutory subsidies totalling Kr. 28,000,000. Of the expenditure, Kr. 40,000,000 was on medical aid (including dental treatment), Kr. 9,000,000 on benefits, and Kr. 20,000,000 on general hospital treatment and treatment at tuberculosis and mental hospitals and special institutions. A total of Kr. 13,00,000 was spent on medicines, Kr. 7,000,000 on maternity aid, and Kr. 14,000,000 on administrative costs.

The statutory State subsidy is Kr. 2 per annum for each active member, plus one-fourth of the expenditure of most sick clubs on medical attention, etc. The State also pays all the costs of vital medical supplies (and of treatment at radium stations).

A number of local authorities voluntarily make supplementary payments, either in the form of an additional subsidy or as grants for any special objects which the sick clubs may undertake, *e.g.* domestic nursing. The sick clubs and their

members also enjoy other concessions, such as free sick transport and doctors' transport which cost the municipalities in 1945 Kr. 9,000,000. The principal other municipal concession enjoyed by sick club members, however, is the statutory reduction of hospital charges to at least half of the hospital's standard scale of charges. The social committees may also help to pay the contributions of members in financial stress, and in 1945 they did so to the extent of Kr. 1,600,000.

CHAPTER EIGHT

SICKNESS BENEFITS

An active member of a sick club is not entitled to benefit until six weeks after joining, except in the case of accidents, when assistance is given at once. A person who has been a passive member but has subsequently decided to transfer to active membership has a waiting period of six months before he is entitled to help. Maternity aid is not given until after 10 months of active membership.

Free general medical attention is provided, as also free hospital treatment (at the local hospital), cash benefit, three-fourths of the cost of insulin and other vital medical supplies, maternity aid, and funeral benefit.

In addition to these obligatory benefits, a sick club can contract to provide:

Special medical attention, other hospital treatment, costs of stay at a convalescent home, domestic nursing, partial payment for dental treatment, medicine, massage, baths, bandages, trusses, spectacles, and other requirements.

There are two forms under which the sick clubs may defray the costs of general medical attention, but in either case there is no charge to the member. In most sick clubs the members choose a doctor for a year at a time and the doctor receives a fixed annual sum for each member choosing him; beyond this he will receive extra payment only in certain specified cases, such as night visits. In other clubs also the member generally has free choice of doctor (though normally only from a panel of doctors living within a radius of about six miles); and the sick clubs pay the doctor for each service rendered, the member paying the club a control

charge of Kr. 4 each time medical attention has been called for.

Whereas the sick club must provide general medical attention free of charge, it is left to the club to decide whether it will provide specialist medical treatment. This is being provided by more and more clubs in cases where the panel doctor advises this course. Where the sick club has an agreement with the specialist in question it may pay for the specialist treatment in full. This is most commonly the case with treatment for eye, ear, nose, and throat diseases, although in Copenhagen some specialist treatment is provided for other diseases. Where there is no agreement, the club may provide part payment.

Other benefits depend on whether the member's selected panel doctor declares them to be necessary.

The sick club must provide free treatment (always for in-patients and usually for out-patients) at the local hospital, at the two State hospitals, at the local mental hospital, and at the recognized tuberculosis sanatoria.

By statute provision the sick club may undertake to provide treatment at other remedial institutions, but may not disburse a sum greater than a stay of equal duration at a general hospital would have cost. Apart from maintenance at a convalescent home, the sick club may not provide costs where these concern mere nursing, and cannot pay for training. The sick club therefore does not bear the costs of maintenance at institutions for the mentally defective, the blind, or the deaf and dumb.

When a member is declared by his doctor to be unfit for work for four days or more owing to illness, the sick club must pay him the cash benefit for which he has insured himself.

All male members over 18 must insure themselves for a cash benefit; male juveniles under 18 and women are under no obligation to do so. The minimum daily rate is Kr. 4.40, the maximum Kr. 6; but no person may receive more than four-fifths of his average daily wage.

The cash benefit is reduced slightly when the member is in hospital or at a convalescent home.

If the sick person is able to carry out part of his work, no cash benefit is paid; and wives who are not independently employed receive a cash benefit only if confined to bed.

Members in receipt of their full income when ill are not entitled to a cash benefit from the club. If there is partial loss of income, the cash benefit payable is limited to a sum sufficient to provide a total which is not in excess of their usual income.

For as long as a member is registered as being on the sick list, he is subject to the club's inspection.

The sick club must provide payment for three-fourths of a number of vital medical requirements, *e. g.* insulin for diabetes patients. The law does not require the sick clubs to provide other medicine, but the club may provide such medicine as the panel doctor may prescribe, and about 1,200 of them do.

In order, however, to limit the club costs to medicine, it is stipulated that a sick club may only provide up to three-fourths (outside Copenhagen and district usually one-half) of specially important medicines, *i. e.* medicines listed by the health authorities. Other medicines may be provided by the clubs to the extent of only one-half (most pay one-third), irrespective of the medicine's importance in any particular case. A large number of commercial preparations may not be provided at all.

Over half the sick clubs provide free home nursing by authorized nurses. The nursing arrangements are often established by several sick clubs jointly, or by agreement between a sick club and the local authority or a nursing association.

Where sick clubs have an agreement with the dentists they may provide dental treatment, confined, however, to extraction and preservative treatment; gold treatment and the fitting, repair, or renewal of artificial teeth are excluded. Usually only part payment is made, for example, half the costs. The sick club pays the cost of a tooth extraction carried out by a panel doctor.

The sick club may provide massage and bath treatment, either in full or in part, by authorized masseurs or at baths and institutions with which the club has an agreement and which are approved by the Health Insurance Directorate.

Sick clubs in Copenhagen, and a few others, have their own massage clinics.

The sick clubs may provide part of the costs (sometimes only the initial purchase) of bandages, trusses, and artificial limbs, the first pair of glasses of ordinary make, and changed spectacle lenses. By agreement with the doctors the clubs may provide such bandages as may be carried by the doctor and applied by him on immediate (first aid) treatment of patients.

The sick club provides a funeral benefit of up to Kr. 300.

A member's children under the age of 15, including adopted and guardian children, are included in his insurance. A higher contribution is not required from members with children. The state of health of a child does not exclude the parents from admission to a sick club.

Orphan children without means, and children in homes, may be admitted as active members on their own account irrespective of age, but are not entitled to cash benefits.

The sick club is obliged to provide the children of members with the same attention as adults, except for the payment of cash benefits. While the general regulations relating to duration of benefit (see below) also apply to children who are members in their own right, there is no general limitation of the club's obligation to provide a member's child with medical aid.

The sick clubs must admit persons over 14, with the difference that the usual six weeks' waiting period does not apply to children of active members who join in their own right before they reach the age of 15.

Medical aid is limited in various ways.

A member cannot obtain cash benefits for more than 26 weeks during 12 successive months, and recipients of old-age and invalidity pensions can only obtain 13 weeks' benefit in that period. While the Copenhagen sick clubs provide cash benefit for up to 26 successive weeks, in other clubs it is usual, after the first 13 weeks of benefit, to require a waiting period of 13 weeks before the club again begins to provide cash benefit.

A member's right to further aid from the club lapses when he has enjoyed benefit for 60 weeks (420 days) in three successive calendar years, and he becomes a contributing (passive) member. If he subsequently exhausts the so-called continued sick club assistance paid by the local authorities (see below, p. 43), and produces a doctor's certificate in proof of unfitness for work, he may be reinstated as an active member. If he fails to fulfil the conditions required in order to obtain continued sick club assistance, he may be readmitted with active membership rights 12 months after his ordinary benefit has lapsed.

CHAPTER NINE

MATERNITY BENEFITS

The sick clubs make certain allowances to active women members in the case of confinements. They pay the midwife's charges, provide a parcel of clothing, defray the expenses of medical attention where the midwife or doctor considers this necessary, and allow a cash benefit for 14 days of the amount for which the woman is insured against sickness.

This assistance is payable to every active woman member. Women factory workers are entitled to a cash benefit of Kr. 5.05 if they live in Copenhagen, Kr. 4.05 if in provincial towns or large urban districts, and Kr. 3.05 in rural districts. This money is normally paid for up to four weeks from the date of the birth but can be continued for up to six weeks when the mother remains absent from work in order to nurse her baby. The same amount may be paid during the eight weeks preceding the birth when there is reason to suppose that because of the birth the woman will be unable to carry on her usual work without injury to herself or the baby, though without the confinement being classed as morbid.

The sick club pays local hospital costs in the event of illness during the confinement, or when a difficult birth is feared. But the society defrays hospital, clinic, or similar costs when the only reasons for admission are social and not medical. It may, however, refund a sum corresponding to what the midwife's charges would have been.

In addition to these benefits, and in order to ensure that the single woman may always give birth to her child under safe conditions, any unmarried woman, widow, or divorced, separated or deserted wife may be admitted free of charge to one of the maternity wards of the State Hospital in Copen-

hagen or the Maternity Home at Aarhus. These maternity institutions also admit expectant single women for residence during the last weeks preceding the birth.

When the mother is not entitled to assistance from the benefit society, the social committee must (see p. 43) in cases of need, defray the costs of the midwife and, where necessary, the doctor. The midwife is guaranteed payment by the local authority in the event of the patient being unable or unwilling to pay, so that she will never risk giving her services without payment.

In case of need the expectant mother is entitled to admission to an ordinary hospital or municipal maternity home, where one is available and when she cannot be admitted to one of the maternity wards of the State Hospital or to the Aarhus Maternity Home, and when the social committee considers that there are medical or social reasons why the confinement should not take place at home.

A special law makes provision for the supply of milk, through the local authorities or the maternity aid institutions described on page 78. Half a litre ($7/8$ pint) of fresh milk is allowed daily after the third month of pregnancy to women who meet the economic requirements for membership of a State-approved sick club. After the birth, if the baby lives, the mother may obtain a litre of milk daily for six months. A milk allowance, however, is not made to persons belonging to rural domestic or other establishment which produce their own milk. Two-thirds of the costs are paid by the State and one-third by the local authorities.

CHAPTER TEN

NON-INSURED SICKNESS AID

Although, as stated, the State-approved sick clubs assist the great majority of the population, municipal aid is required when insurance benefit has expired or when the person concerned is not insured. Municipal assistance is administered by the Social Committees chosen by the local councils from among their members. These committees occupy a central position in the whole of the social work done by the local governments.

For persons in economic need the health insurance may actually be prolonged, for when the benefit paid by the club has partially or entirely ceased, the social committee is obliged to provide the distressed patient with aid corresponding in extent to the benefit allowed by the club.

This so-called continued club benefit is paid only in proportion to benefits from State-approved sick clubs (or State-controlled health insurance societies), and not in proportion to private insurance.

An active member of a sick club is always entitled to free transport to or from the doctor or the nearest hospital, or, as circumstances require, the nearest central hospital, when the doctor declares the transport necessary. If the member lives in the country or in a town outside a specified radius he is entitled to full payment of the doctor's or midwife's transport (if they live more than half a mile distant), and the payment of any expenses which the patient may incur in travelling to and from a doctor or hospital. In Copenhagen there is a special arrangement whereby the municipality pays the costs of sick transport to the municipal hospitals.

In general, it is the duty of the social committees to assist

persons who have become involved in economic distress owing to illness. Payment by the local authorities of midwife's and doctor's charges, continued society benefit, and transport costs is called "special aid". Aid of this kind is not repayable, and no legal effects result from its receipt. In other cases, where there are no statutory provisions for special aid for persons in distress, recourse is had to public assistance. This may have to be repaid if it is considered that the recipient is able to do so.

Some of the sickness assistance granted to a person who could be an active member of a sick club, but has not taken steps to join one, may have the further effect of depriving the recipient of the right to vote or be elected at elections for local councils, unless he repays the amount received.

Although Danish law requires a doctor to provide on request the first essential medical aid to a patient in case of emergency, the doctor (unlike the midwife) is not in all cases guaranteed payment from public funds. In cases of need the social committee is obliged to pay for the doctor's services, though it may require that an application should be made before the doctor is summoned, where this is possible. The doctor's services include payment for issuing certificates, writing out prescriptions, and assisting at births and operations, including, where required, specialist assistance. Any necessary dental treatment must also be paid for. With certain restrictions, the social committee must also pay the costs of medicine, massage, curative gymnastics, electrical treatment, baths, and so on.

The social committee is especially obliged, in cases of distress, to provide municipal sick nursing where this obviates the need for admission to a hospital, always subject to a doctor's requisition. The local authority, however, may go further and provide sick nursing for persons not in distress. The local authority may itself organize municipal sick nursing, or may make arrangements with a sick club, church organization, private nursing association, or a neighbouring municipality. Municipal sick nursing takes the form of visits to the patient's home by a trained nurse for as often as the doctor may require.

Besides the ordinary sick nursing the local authority may also provide domestic aid to supplement the work of the nurse by

helping with the domestic arrangements—cleaning, washing-up, care of children, cooking, mending, etc.

In some towns, voluntary associations, or in a few cases the local authorities or sick clubs, with State support, have established a regular home help service, which provides domestic aid for low-income families when the housewife is ill. It is proposed to make home helps generally available without charge to all women of small means who need such help because of illness, overwork, confinement, and so on.

When a woman is admitted to hospital, the social committee may make allowance for a housekeeper in certain cases where there is economic need and to prevent a home from being broken up. This is done where there are several children in the family. Otherwise, the board of guardians is obliged to take charge of the children when the provider is prevented from doing so owing to illness. The board may have them placed in a children's home or arrange to pay a guardianship fee for their maintenance in a private family.

Where needed, the committee may defray travelling expenses in connection with visits to doctor, hospital, and midwife.

With the health insurance regulations and the obligation on the local authorities to assist with treatment and attention in case of need, every citizen whose financial resources are exhausted is assured of all necessary treatment.

Where a person has not adequately insured himself for a proper funeral, and there is no provision in the effects to pay for one, the local authority is obliged to assist, and may demand payment out of such effects as there are. Even where burials take place exclusively at the public expense it is not permitted to make them plainer than is usual among people with small means in the locality, and it is likewise prohibited to arrange for them to take place in a separate part of the cemetery.

CHAPTER ELEVEN

INVALIDITY INSURANCE

Invalidity insurance has a peculiar construction in Denmark. It is a compulsory active insurance for persons who are obliged to be passive members of a sick club, but it assumes the fulfilment of certain conditions in regard to health.

Insured persons pay a fixed premium ranging from Kr. 7.20 to Kr. 9.60 per annum. The premium is payable from the 21st to the 60th year, though not in the period during which a person is in receipt of invalidity pension. It covers nothing like the costs of the pension, and the bulk of the expenditure is borne by the State and to some extent by the local authorities and the employers.

Provision is made for invalidity pension and for curative treatment; the latter is not confined to insured persons.

In effect, the arrangement provides insurance against reduced capacity, for which reason it may be described as a guarantee against social invalidity and not merely against physical disablement.

The insurance character is completely lacking in the important preventive sphere which comes under "Invalidity Insurance".

The Invalidity Insurance Court can institute measures to prevent substantial and protracted reduction of working capacity, or to effect a considerable improvement in it. The measures may be either curative or occupational. For example, full payment may be made for curative treatment and nursing, and for bandages, artificial limbs, glasses, invalid chairs, etc. Full payment may also be made for retraining and financial assistance given, generally in the form of loans, for the purchase

of machines and tools and in special cases the establishment of an independent business (*e. g.* where there is little chance of the person obtaining an ordinary job), as well as general assistance in securing work.

The bulk of this assistance may be given not only to pensioners and to other persons insured against invalidity, but also to persons under 18 who have not been insurable owing to ill health. The persons concerned not only have a right to it; the law prescribes their obligation to submit to the required measures. Accordingly, there is no question of any economic conditions. No person, however, is obliged to undergo an operation which may entail danger to life or health.

Refusal to agree to the prescribed measures may involve complete or partial forfeiture of the right to invalidity pension.

In addition to this occupational form of assistance the invalidity insurance arrangements may assist pensioners, when the result gives some economic and occupational advantage, with curative treatment, retraining, bandages, invalid chairs, etc. This form of assistance includes cases where, for example, it is desired to prevent helplessness.

Arrangements are made for training with private employers, at dressmaking and tailoring schools, commercial schools, arts and crafts schools, the institute for cripples, etc. No assistance is given, as a rule, for short-term courses. On the other hand, the Invalidity Insurance Court chooses expensive training only in cases where cheaper training cannot provide a sufficiently satisfactory occupational result.

Special conditions attach to the rehabilitation centre in Copenhagen. The objects of this "work school", as it is called, are threefold: to coach back the lost capacity; to observe, by practical tests, whether further measures (*e. g.* training, education, or establishment in an independent business), should be undertaken; and to have the person's working capacity under observation.

In cases of need the local authorities must assist the family during curative treatment and retraining.

The Invalidity Insurance Court is authorized to do what it can to secure work for insured persons in State or local government service or in private enterprise for which the persons con-

cerned are considered suited. This "labour exchange" activity is frequently a necessary supplement to the occupational schemes.

In order to ensure assistance at the earliest possible opportunity, every doctor is under an obligation to report to the invalidity insurance court whenever, in persons under 30, he observes complaints which he considers have entailed, or will in a measurable space of time entail, a substantial and prolonged reduction of working capacity. Schools have similar obligations in regard to children of school age.

The expenditure on these measures in 1945-46 was Kr. 2,650,000 and they involved 4,800 persons. The additional expenditure on invalidity pension was Kr. 63,600,000, involving, on January 1, 1946, 41,800 pensioners.

It will be seen that the second feature of invalidity insurance, the relief of the economic effects of invalidity, is by far the more extensive.

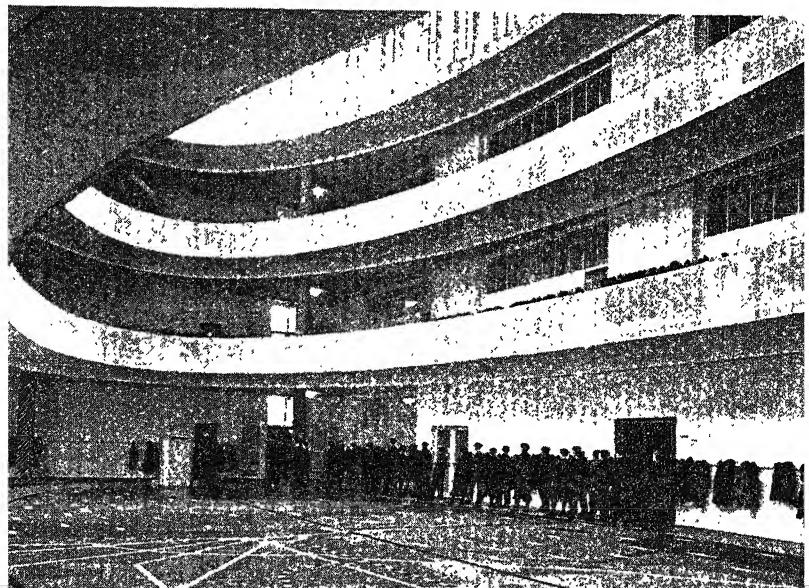
A number of conditions are required for the receipt of invalidity pensions. These will be enumerated later, but the principal requirement is a reduction of working capacity to one-third normal, or less. As in the case of the preventive measures against invalidity, it is a question of social invalidity with working capacity as the criterium. But the determining factor in the case of the pension is whether the capacity, according to combined medical and social considerations, is found to be above or below a certain level. It should be added that, neither in the awarding of pension nor in its withdrawal, is this system considered satisfactory. While probably very few would be in favour of introducing the scale of graduation known in accident insurance, a desire has been expressed for a more pliable rule which, in the case of pension, would merely require an appreciable reduction of capacity, thereby introducing better conformity with the terms of preventive aid.

In the case of 41,800 invalidity pensioners on January 1, 1946, the chief cause of invalidity in nearly one-fourth of the cases was mental diseases or neuroses. Tuberculosis accounted for nearly one-seventh, and diseases of the brain, spinal cord, and peripheral nerves nearly one-seventh.

If, however, we examine the chief causes of invalidity in the



"Skolen ved Sundet", Copenhagen (Chapter XIX)





The mental hospital at Nykøbing (Zealand), like most Danish mental hospitals, is in pleasant surroundings



The mental hospitals lay great stress on therapy, to prepare patients for a return to normal citizenship

approximately 5,800 persons who were admitted to invalidity pension in 1946, we find that tuberculosis was the chief cause in nearly one-fourth of them. The two biggest groups thereafter were diseases of the heart and arterial system and mental diseases and neuroses, with rather more than one-eighth each. Diseases of the brain, spinal cord, and peripheral nerves followed, with nearly one-eighth.

Tuberculosis, therefore, is the cause of more cases of invalidity than any other disease; but the invalidity is often removed by the patient's cure in the course of a shorter or longer period of time.

To qualify for an invalidity pension it is necessary to have been insured against invalidity. But under approximately similar rules, following an award by the Invalidity Insurance Court, the local authorities must make an "allowance for chronic invalids" to invalidity patients who, for reasons of health, have not been insurable. The suggestion has been made that the health requirements for invalidity insurance should be wholly abolished, since the section of the population which is thereby debarred from insurance is relatively small and since the same assistance has in any case to be given by the local authorities.

Danish nationality and residence in Denmark are also required, as is, where possible, active membership of a sick club. A person may be excluded from invalidity pension for a brief or prolonged period owing to decline in financial status, court punishment, offensive conduct, receipt of poor relief, and arrears of contributions to the sick club. Finally, the invalidity must not have been deliberately provoked or considerable increased, or brought on by prolonged abuse of alcohol or narcotics.

Applications for invalidity pensions are submitted to the social committees; but the decision as to whether invalidity is present or not is made by the Invalidity Insurance Court, which requires a statement by the patient's doctor. At the same time, the Court considers the question, *ex officio*, of preventive measures and of possible entitlement to supplements for helplessness and blindness.

The Invalidity Insurance Court may ask for any information of importance from sick club, social committees, doctors,

and hospitals, such as journals and copies of documents. The insured person is obliged to submit to medical examinations as directed by the Court (if required, by the Court's own doctors), and, if necessary, admission to a hospital for observation. He must also attend in Court as required. Failure to observe the Court's requirements in regard to examination, observation, etc., will often mean that no award can be made, so that the Court will have to inform the applicant that his request for pension has become null and void.

When the Court has made an award of invalidity, the social committee fixes the rate of pension and pays it.

Invalidity pension is the same for women as for men, except that in the case of a married couple both of whom are in receipt of pension the total amount is only 50 per cent. above that of a single person. Otherwise, the amount varies according as the recipient lives in Greater Copenhagen, a provincial town (or urban district in the country with over 1,500 inhabitants), or a rural district, and is adjusted according to the cost-of-living index. It is fixed in relation to the recipient's and his wife's (husband's) income. The pension is paid out in full when the annual income does not exceed 50 per cent. of the basic amounts, *i.e.* full pension is allowed when the maximum income, in Kroner, is:

	Copenhagen	Provincial Towns	Rural District
both entitled to pension	1,224	1,074	906
Single persons	816	714	906

These are the so-called "deduction-free" income amounts, and they are the same for recipients of old-age and invalidity pensions.

So as not to reduce the beneficiary's willingness to work, the assessment is relaxed if his income derives from personal work. He will then receive the full pension, provided his and his wife's income does not exceed the following basic amounts:

	Copenhagen	Provincial Towns	Rural Districts
Married couples	2,448	2,148	1,812
Single persons	1,632	1,428	1,212

From April 1, 1947, the full monthly invalidity pension is:

Married couples who are

	Copenhagen	Provincial Towns	Rural Districts
both entitled to invalidity pension	257	230	194
Single persons	165	146	125

These amounts consist of a basic amount, a so-called "pension supplement" corresponding to the amount of old-age pension obtained by persons who apply for it before their 67th year, and an invalidity supplement amounting (but included in the above sums) to:

	Copenhagen	Provincial Towns	Rural Districts
Married couples	38	36	32
Single persons	19	18	16

A supplement is added for helplessness when the invalid requires continual assistance by others and is prevented from doing occupational work of practical significance. A blind supplement is paid to pensioners who are blind or suffer from very defective vision.

Supplement for helplessness for married couples

	Copenhagen	Provincial Towns	Rural Districts
where both qualify....	80	74	68
Single persons	53	49	45
Blind supplement	35	33	31

A supplementary allowance is made for each child under the age of 15 corresponding to the amount paid for the children of widows, and also for children between the ages of 15 and 18 when the recipient of the pension incurs substantial expenditure on their education or apprenticeship training.

A married recipient of an invalidity pension who lives with his wife (husband) may, where the latter is not also in receipt of invalidity pension, obtain a fixed supplementary marriage allowance of Kr. 34, 30 and 26.

As stated, the rate of pension is fixed in accordance with the pensioner's and his wife's (husband's) income. Life annuities or other pensions up to Kr. 420 a year are, however, totally disregarded. So also are bequests or other regular support up to Kr. 210. In declarations of income for the preceding cal-

endar year, taxes and personal insurance expenditure are deducted.

When the estimated income exceeds the above-mentioned "deduction-free" amounts, 60 per cent. of the excess income is deducted from the pension (with invalidity, helplessness, and marriage supplements).

The insurance principle, however, asserts itself, with the modest result that the invalidity pension supplement can never be reduced below one-third of the basic amount.

Supplementary to the cash pension there is an annual fuel allowance of 18 hectolitres of coke; this, however, is reduced or withdrawn as the income rises. All recipients of pension are also allowed a clothing allowance corresponding to the basic rate of the pension for the month of December. In the case of married couples the supplement is raised so that both receive the same clothing allowance as single persons.

The amount of the invalidity pension is thus not the same for all, being adjusted according to income; yet there is no question of any means test as such, as the law has laid down fixed rules.

Out of about 41,800 recipients of invalidity pension, probably about three-fourths receive the full pension.

Some degree of estimation in granting supplementary aid cannot be avoided under this system; accordingly the law makes available to the individual local authority a sum corresponding to 7½ per cent. of the basic amount of invalidity and old-age pension in the preceding financial year, leaving the local council to allot this money as personal allowances, especially to beneficiaries whose conditions are exceptionally difficult. A number of local governments make full use of this allotment.

The recipient of an invalidity pension who is ineligible for membership of a State-approved sick club is also entitled, under a very mild means test, to payment by the local authority of medical attention, curative treatment, and nursing in the event of illness.

An invalidity pension may be applied for from the age of 14 and may be obtained up to the age of 65. The invalidity pensioner must then proceed to old-age pension, though he

will receive supplements for invalidity, helplessness, and blindness. As described below, however, old-age pension is fixed under the observance of somewhat stricter regulations, a fact which may result in the withdrawal of the pension altogether.

In order to assist an applicant whilst his claim for invalidity pension is under consideration, the social committee may make an allowance in advance pending the final settlement.

CHAPTER TWELVE

OLD-AGE PENSIONS

The Danish old-age pensions system is not an insurance scheme. The costs are covered in their entirety by the State and the local governments, and the public make no direct contributions to them. Eligibility, however, is conditional on active membership of a State-approved sick club, where the person is eligible for such membership, or contributory membership when not prevented by the health requirements.

As a general rule, an old-age pension is not obtainable until after the 65th year, but single women are eligible from their 60th year. Others are also eligible in exceptional cases where failing health or other special circumstances warrant. Besides Danish citizenship and residence in Denmark, the requirements are the same as for invalidity pensions, except that in the case of old-age pension the applicant's ability to work is of no consequence. The old-age pension also varies according to domicile, and the amounts are adjusted to the cost-of-living index. The rate of pension is fixed in relation to the pensioner's income; full pension is paid when the annual income does not exceed 50 per cent. of the previously-mentioned basic amount, *i.e.* when it is not more than:

Married couples who are both eligible	Copenhagen	Provincial Towns	Rural Districts
Single persons	816	714	606

The monthly old-age pension for persons of 65, from April 1, 1948, is:

	Copenhagen	Provincial Towns	Rural Districts
Married couples	219	192	162
Single persons	146	125	109

A person who waits before applying for an old-age pension until he is 67 or 70 may obtain a higher amount, according to the following "deferment" supplements:

Married couples both of whom are eligible and who wait until

Copenhagen Provincial Towns Rural Districts

67	10	9	7
--------------	----	---	---

70	21	19	14
--------------	----	----	----

Single persons

67	7	6	5
--------------	---	---	---

70	14	12	10
--------------	----	----	----

The old-age pension, like the invalidity pension, is computed according to income. There are, however, a few rules which differ considerably from the rules on which invalidity pension is assessed. For example, besides the proceeds of any capital, a sum corresponding to two-thirds of the total capital resources is included.

In assessing the old-age pension of a person in receipt of an annuity, pension, or other income comparable thereto, one-third of such income is disregarded. At least Kr. 430 is always disregarded; and the maximum annual sum discountable in such cases is Kr. 880. In assessing the old-age pension of a person who is in receipt of an income from a bequest or other more regular support, one-third of this income is disregarded. At least Kr. 220 of this income is always disregarded; and the maximum annual sum discountable is Kr. 430.

The higher amount of earned income which is "deduction-free" in the case of invalidity pensioners, does not apply to old-age pensioners; in their case, the pension may be reduced or even withdrawn.

Old-age pensions are also supplemented by child, marriage, fuel, and clothing allowances, and in certain cases by the estimated personal allowance.

Old-age pensioners of 80 and over are allowed an age supplement of 8 per cent. of the basic amount of pension for a single person. In exceptional circumstances, a widow or widower whose late partner also received a pension may be granted a widowhood supplement of

	Copenhagen	Provincial Towns	Rural Districts
up to.....	27	25	23

The old-age pensioner who is not eligible for membership of a sick club may also obtain assistance from the local authority for curative treatment and nursing in the event of sickness.

The cost of old-age pensions in 1945-46 was Kr. 256,000,000. Following improvements passed in 1946 and 1947, the amount is expected to rise to about Kr. 360,000,000 in 1948-49. The State bears $\frac{4}{7}$, the municipalities $\frac{3}{7}$ of the costs.

The number of old-age pensioners in 1947 was 212,000, about seven-eighths of whom were receiving the full pension.

As early as last century a beginning had been made in the erection of special homes for the aged, and the number so far erected is 510, with accommodation for 13,000. The only persons admitted to these homes are old people, either old-age pensioners or, in exceptional cases, when accommodation permits, old persons who fail to meet the economic requirements for obtaining old-age pension but, owing to infirmity or other prolonged debilities, need constant care and attention. In other words, no young persons are admitted to these municipal homes for the aged.

It is estimated that private institutions have accommodation for a further 4,000 old people.

A great deal is done all over the country to make these homes for old people really homely. This, however, has not prevented a general interest in the erection of cheap flats to enable the old people to maintain themselves in their own homes as long as possible.

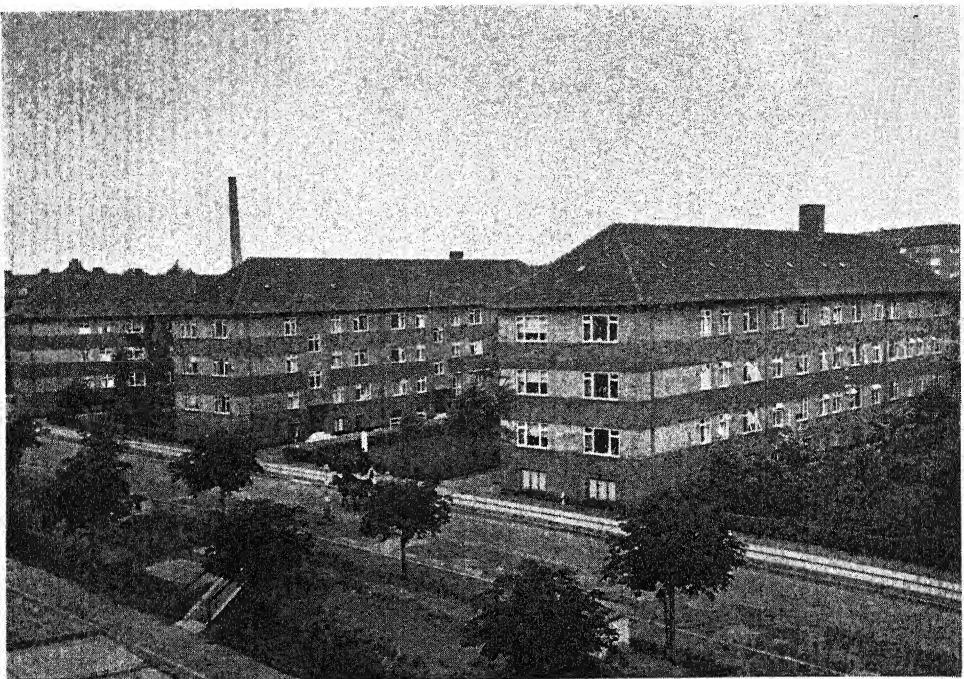
A number of local authorities began to build such flats on their own account 15-20 years ago, but since 1937 they have been subsidized by the State. There are no exact figures to show how many of these flats for old people there are, as some have also been built by employers, trade unions, and other associations. However, in 1947 there were State-subsidized flats for old people for about 10,000 persons. Flats for single persons consisted of one room, those for married couples chiefly of two, plus, in all cases, a separate kitchen and lavatory, and with gas, electric light, central heating, and hot and cold water.



- Maternity Welfare Consultations
 - Homes for the Fjord

Towns undertaken: Maternity Welfare Centres

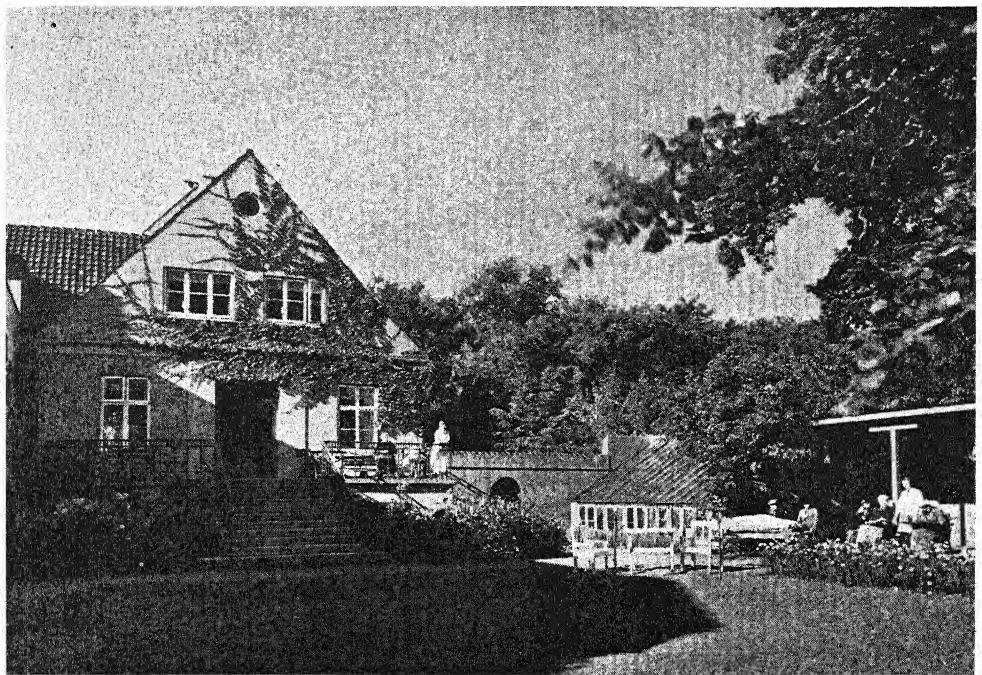
The distribution of Homes for the Aged and Maternity Welfare Centres in Denmark



Flats for old-age pensioners, built at Aarhus (Jutland) in 1932-34, and comprising 245 one-roomed flats for single persons, and 41 one-roomed and 19 two-roomed flats for married couples



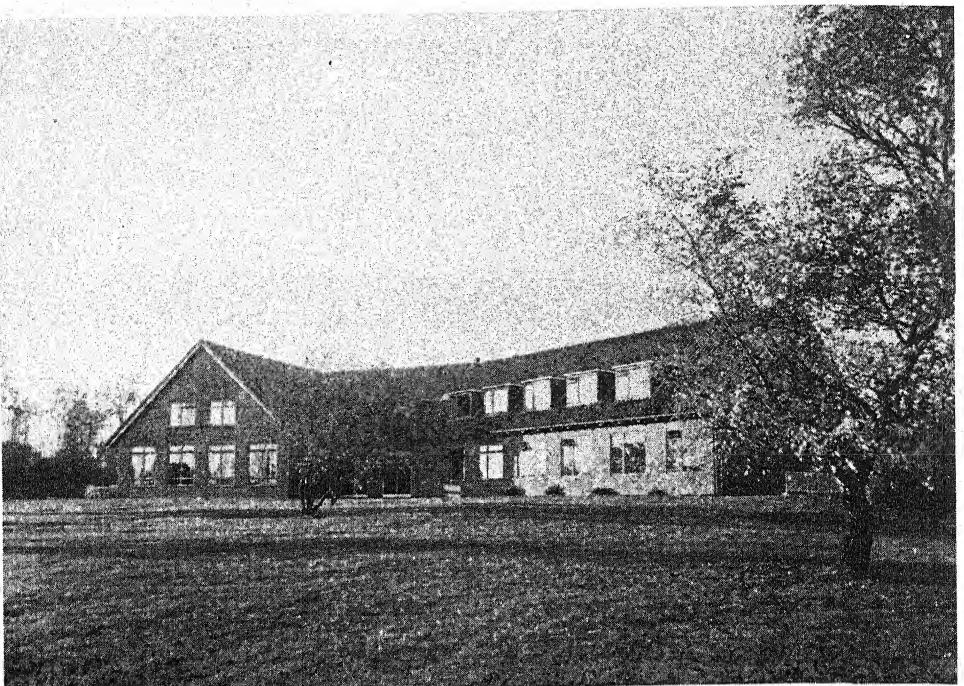
The rent of a flat for married couples ranges from Kr. 273 to Kr. 456 a year. There are common party rooms and other joint facilities. Loss on running costs is borne by the Corporation of Aarhus



The self-governing institution of Stefanshjemmet, Aarhus, built by voluntary bodies in 1923 as a home for helpless invalids from all over Denmark, has residential accommodation for 72 (Chapter XIV)



Life is made as homely as possible; study groups are formed, books are borrowed from the public library, and the patients are kept occupied by a therapist (Chapter XIV)



"Solbakken", Aarhus, a home for chronically invalid children erected as an institution for special care under "Stefanshjemmet"; built in 1940, it has accommodation for 27 children up to the age of 18 (Chapter XIV)



Funds for "Solbakken" are obtained by public collection; State, municipality, and invalidity welfare operate it. The boy on the right, having lost both arms, is developing great skill with his feet (Chapter XIV)

The monthly rent including heating ranges from Kr. 23 to 28 for single persons and from Kr. 28 to 34 for married couples. Some of the blocks have been provided with a communal kitchen where residents who do not wish to cook their own food may buy hot meals. The deficit on the running costs of State-subsidized flats is divided between the State and the local authority.

The erection of special flats for old-age pensioners has found great favour with the public, and a desire has been expressed that similar facilities should be provided for invalidity pensioners. In the case of both categories, it has been suggested that rent subsidies might be allowed, as is done in the case of large families in certain special housing schemes. One of the advantages of such a system is that it would not compel pensioners to move from their own locality as they grow older, while it would avoid the multiplication in the large towns of the rather large blocks whose only inhabitants are old people.

CHAPTER THIRTEEN

HEALTH AND SICKNESS SERVICES

Denmark has a well-developed health service and an all-round hospital system; and both are available to all, in some cases free of charge.

The doctors are not publicly appointed but have private practices, though they are under the general supervision of medical officers and the State Board of Health and also of their own medical association. Only hospital doctors and a relatively small number of medical officers are public servants.

As a result of the large sick club membership the great majority of the approximately 2,000 general practitioners work on a regular economic basis, their main source of income being their panel practice. The sick club pay the full costs of medical attention for their active members, including operations. The Copenhagen panel doctors have voluntarily limited the number of their panel patients to 2,500.

The dentists, of whom there are about 1,100, practise privately.

Midwives, about 350 in number, are publicly appointed as district midwives only in cases where the number in private practice is not sufficient to meet requirements. Midwives' fees for private patients are graduated according to the patient's income, and the local authority always guarantees payment should the private patient fail to pay. The public pays full costs of pre-natal examinations by doctors and midwives. Hardly a birth takes place in Denmark without the assistance of a midwife.

Admission to the profession of dispensing chemist is unrestricted. Chemists are appointed by the Board of Health and the prices of medicines are under control.

Nurses, whether employed in hospitals, in domestic nursing, or as health visitors, are public servants. There are about 12,000 active nurses and about 300 health visitors.

The health services are organized by the State and the local governments and are based on both official doctors and private practitioners, on health visitors, and on special institutions such as the State Serum Institute, tuberculosis centres, child welfare centres, etc. District health boards, most of whose members are elected, operate in each municipality.

The great bulk of the hospitals are operated by either the State or the local authorities, and their charges are very low.

The more dangerous infectious and contagious diseases have been combated systematically for over 150 years. Some control of foodstuffs has gradually been introduced, as well as inspection of houses and industrial businesses. In recent years a legislative basis has been established for the introduction of general preventive measures by the State and local authorities, ranging from a pre-natal service, inspection by doctors (and to some extent nurses) of all children up to the age of seven, and compulsory medical inspection of schoolchildren and school staffs.

Every expectant mother may now obtain three preventive examinations by a doctor and seven by a midwife free of charge.

Every child may obtain three medical examinations during its first year and one each successive year up to the age of seven, free of charge. The regular inspection of children under one year by specially trained health visitors has been introduced on an increasing scale during the past 10 years. These visiting nurses confine their attentions exclusively to healthy children; on their visits to the homes they give guidance to the mother and ensure that the babies have the care and attention needed to make them as strong and healthy as possible. Where treatment is called for they are referred to a doctor. So far, however, only a little over half of the babies under one year are under the care of visiting health nurses, mainly because it has not been possible to train enough of them quickly enough. In Copenhagen and a few provincial towns the work of the visiting health nurses has been combined with child welfare

centres. The church nursing associations in Copenhagen have established 25 of these. Through their work and that of the visiting health nurses a considerable reduction has been effected in infantile mortality, which in 1947 was 4 per cent.

In Copenhagen and a few places in the provinces special medical inspection centres have been established for children whose parents prefer these to examination by their panel doctor, or in cases where the doctor does not wish to make the examinations.

Inspection by school doctors is free and compulsory. Such inspection has long since been practised by a number of local authorities; and from April 1, 1949, regular examinations by a doctor, assisted if need be by a school nurse, are required by law in all schools, whether State, municipal, or private. In collaboration with the nearest tuberculosis centre, the school doctor is also required to carry out annual tuberculosis examinations of all scholars, teachers, and staff of the schools under his care. Each school must have facilities for the free administration of preventive Calmette inoculations to children whose reaction to tuberculin tests is negative.

Any medical attention which the schoolchildren may require is given by their own doctors.

Although some of the larger municipalities (Copenhagen, Aarhus, and others) have introduced dental inspection and treatment of schoolchildren, there is as yet no general school dental service. The introduction of any general school or general public dental service is hampered by the fact that there are not sufficient certified dentists, nor will there be in any measurable space of time.

The measures taken to combat infectious and contagious diseases, including free, compulsory vaccination against small-pox, and free but voluntary immunization against diphtheria, are referred to in Chapter 16.

Hospitals.

There are in Denmark about 330 curative establishments with about 44,000 beds—or one bed for each 100 inhabitants.

County and town authorities were made responsible, 150 years ago, for providing the required hospitals to enable every

inhabitant to obtain any necessary hospital treatment, regardless of his economic means. For this reason it is chiefly the local authorities which today own and operate the general hospitals. The development has been so directed that each county has one or two central hospitals with a medical and surgical department, each having a chief doctor, and often an X-ray department under the charge of a specially trained surgeon. Sometimes, also, there are departments for ear, nose, and throat diseases, for eye diseases, and, in a few cases, infant, gynaecological, skin and venereal diseases, etc. In addition to 25 central hospitals there are some smaller municipal and a few private (usually Catholic) hospitals.

The State operates the State Hospital in Copenhagen which, with its 1,340 beds, is the University hospital and has numerous special and out-patients' departments. Other State-operated hospitals are the State Hospital at Sønderborg in South Jutland, and the Maternity Hospital at Aarhus. The State also bears the loss incurred in operating the Finsen Institute for light treatment, in Copenhagen.

The table p. 62 shows the distribution of beds among the various departments; the map p. 9 gives their geographical distribution. No person is more than about 12 miles from the nearest hospital. The local authorities allow active members of a sick club free transport to the district hospital, while private ambulance brigades, by means of aircraft transport ensure rapid admission for persons living on small islands and in other isolated parts. Besides treatment during actual confinement in hospital, there is considerable treatment of walking-out patients both in the ordinary and out-patients' departments and in accident wards.

Although the operating costs are considerable (in 1945-46, an average of about Kr. 18.50 per bed per day), the charges for ward patients are low. For persons paying their own expenses the charge is never more than Kr. 7 a day; at the State Hospital it is Kr. 4 and at the Copenhagen and Frederiksberg hospitals it is as low as Kr. 1.20 a day. These charges cover maintenance and treatment, operation costs if any, extra watch, bandages, etc., without any further cost to the patient. Moreover, the charge is reduced for members of State-

approved sick clubs to one-half, and in cases of need the municipal social committees must pay the costs.

In short, cheap treatment, the same for rich and poor, is available to all, and at least 90 per cent. of the population may have admission to hospitals without any direct payment.

Special hospitals for tuberculosis, mental treatment, and so on are dealt with in the following chapters.

Survey of hospitals etc. in Denmark.

	Total	No of beds	per 1000 pop.
Hospitals with med-surg. beds (general hosp.)	143	19,131	4.8
Infirmarys, with min. 10 beds, at institutions	38	2,419	0.6
Private clinics under physicians	26	634	0.2
Maternity homes or lying-in departments	5	361	0.1
Epidemic depts. at general hospitals	-	2,515	
Separate epidemic hospitals	6	616	0.8
Sanatoria	8	1,340	0.3
Convalescent homes approved for members of State-approved sick-clubs	23	915	0.2
Epileptic hospitals	3	995	0.3

Tuberculosis.

Tuberculosis hospitals ...	27	1,216			
Sanatoria	14	1,700			
Seaside hospitals	3	465			
Seaside sanatoria	13	685			
Nursing and recreations homes	7	152			
			64	4,218	1.1

Mental.

Beds in general hospitals -	588		
State mental hospitals ...	7	7,974	
Council ,, ...	5	3,044	
Private ,, ...	1	199	
		13	10,905 2.9
		329	44,049 11.3

CHAPTER FOURTEEN

SPECIAL CARE

Special provision is made for the insane and mentally defective, epilectics, the maimed and crippled, the blind, the deaf, and the dumb. The State is bound to provide for the education, maintenance, treatment, and care of such patients, in so far as they have to be admitted for institutional treatment or placed in private guardianship under institutional control.

These special welfare services are thus in principle a financial charge on the State, and there can be no doubt that this fact has favoured the considerable development that has been achieved with them in Denmark.

The initiative of placing these patients under special care rests with their family, the doctors, and the local authorities. In cases of need the local social committees must take steps to provide the necessary care (where required, admission to an institution) for the insane, the mentally defective, epileptics, maimed and crippled, persons with defective speech, dumb, blind, and deaf.

The object of this special welfare is not only to provide care or, when feasible, cure, but also, wherever possible, education and training, so that the patient may fill some place in society.

In order that the institutions may be put into touch with the patients, all such cases are notifiable. For example, the social committees must notify the responsible mental institutions of all children who, because of defective mental development, are markedly unable to follow the normal school teaching, so that a decision may be taken as to whether

mental care is called for. Every doctor who in the ordinary course of his medical practice observes signs of mental deficiency in any child under 16 must report the matter to the social committee. Heads of schools have a similar obligation.

The social committees must also report all children who are blind, or whose vision is so defective that they are incapable of following the lessons in the ordinary school (or in a special school for children with weak vision), to the registry of the State institutes for the blind. Every doctor who in the ordinary course of his practice observes signs of blindness or defective vision in any child under 16 must report the case to the social committee. Heads of schools must do the same. The social committees are also required to notify all persons who become blind or whose vision becomes defective after the age of 16, rendering special education or training necessary.

Similar requirements exist for the notification of the deaf and of persons very hard of hearing, to the registry of the State deaf and dumb institutions.

Children suffering from other defects are subject to the general rules of notification to the Invalidity Court, which were described in Chapter 11 and which affect all doctors and schools.

In principle, a person who meets the requirements is free to decide whether he will submit to the special welfare service, but there are cases where his own or public interest requires that he must be placed under special care without his consent. There are special laws covering these cases which prescribe certain safety precautions against unlawful interference in the personal freedom of the individual, *e.g.* the concurrence of doctors, the appointment of a controlling guardian for the patient, and facilities for referring a case to the responsible Minister. Furthermore, a person may always claim compensation for unwarranted interference in the courts.

If a patient is an active member of a sick club, the club will generally pay for the treatment (always at approved mental hospitals), but not where the case is purely one of care and training. For example, the club never pay costs

C'est tout fini.

Eer ligget de Rode roosjes
Se den lille blomst i bogen.
Den blomst pas de los



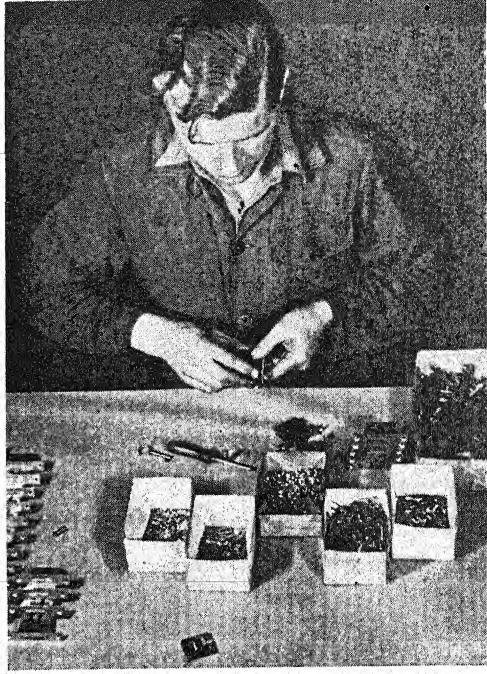
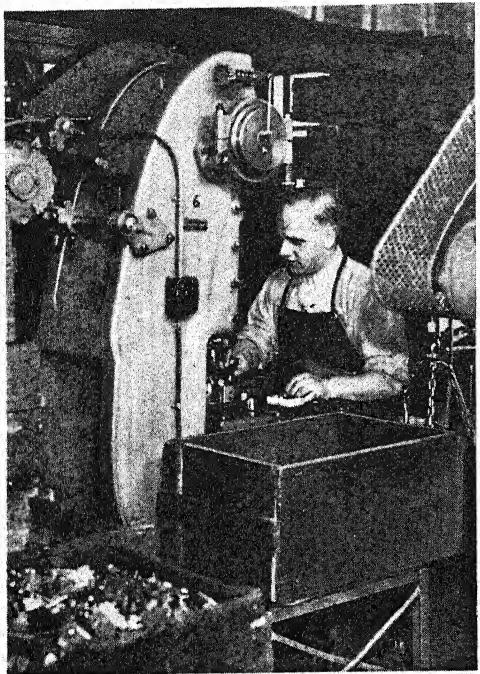
The Royal Deaf-and-Dumb Institute in Copenhagen has accommodation for 100 pupils

Emile Doorn is grootster.¹⁵⁵
Langen is brakkebit.
En niet heel veel landbouw.

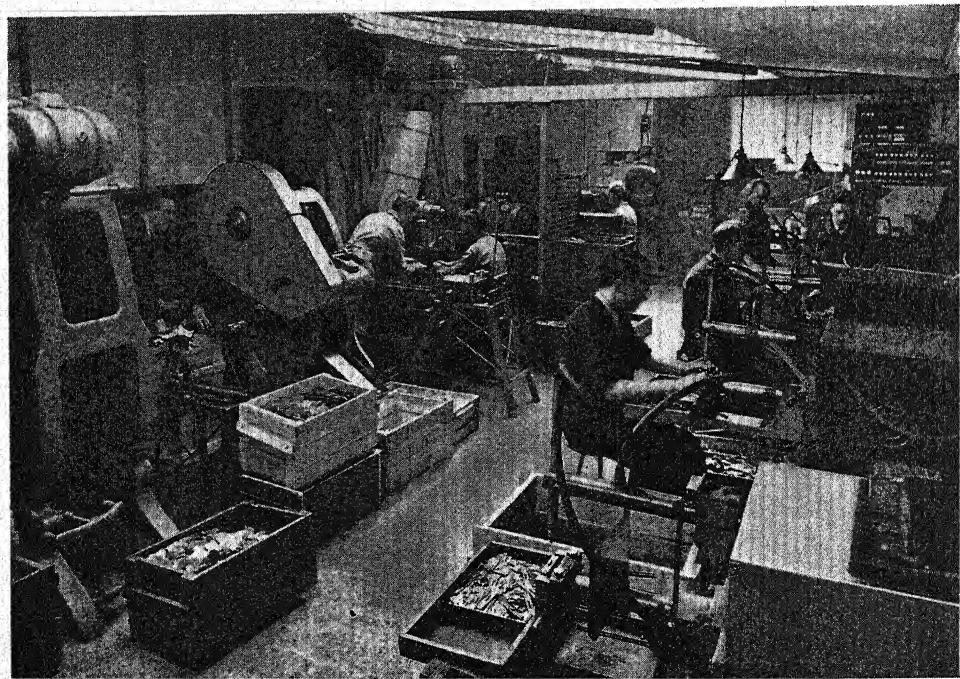
7. Voor en na een
10. Laren hangen aan boom.
11. I. Vindt elke tot slakken.
12. Deen ~~is~~ ^{is} vondt
13. Det ^{det} ~~det~~ ^{det} er en last.
14. Torn ^{er} ~~er~~ ^{er} ~~er~~ ^{er} ~~er~~



Above, individual articulation; below, group articulation



Factory for the blind, established in 1938; any surplus is used to promote occupational facilities for the blind



The factory must give proof that blind workers are as quick and reliable as other industrial workers

when a person is admitted to an institution for the mentally defective, deaf and dumb, or blind.

Where not paid by the sick club, the costs of residence and treatment are met out of public funds, when the patient and his parent or guardian are deemed by the special committee to be in economic need. Provision is also made, however, for persons who are not in economic need. But in this case, the parent or guardian is called on to contribute a share of the costs. The State bears the costs of any travel and clothing connected with the patient's admission, maintenance, and discharge.

In cases of need (either at the request of the next of kin or on its own initiative), the social committee may arrange for a medical examination to decide whether an insane person should be admitted to a mental hospital. Should the doctor consider admission to be necessary, the committee must assist in arranging for it and must see that the patient is properly cared for until such time as admission takes place.

In cases of need, and until the person concerned becomes eligible for an invalidity or old-age pension, the social committee must make similar provision to assist the dependent family of a patient who is in a mental hospital.

The social committee may likewise, in a case of need, assist a patient and his family after he has left the mental hospital, when this is recommended by the hospital.

There are 13 State or State-approved institutions for mental patients, with accommodation for about 10,000.

The lowest cases of mentally defective persons are cared for in the institutions' residential departments. Intermediate cases are placed in occupational departments or in suitable homes. The best mental patients are given education and training with a view to their discharge.

In cases of need, the social committees must take charge of mentally defective persons when a medical examination has diagnosed that the person concerned should be placed under mental care, whether because the mentally defective person is considered a danger to himself or because his general condition or the conditions under which he lives indicate it. There are four State-approved institutions for the mentally

defective, with total accommodation for about 6,700 in various departments and branches. Besides these, 6,000-7,000 mentally defective persons have been accommodated in private homes and under controlled "family care", often in their own homes.

Schools have now been established in Copenhagen, Aarhus, and Aalborg for mentally defective children who are allowed to live at home instead of, as formerly, being placed in a residential home. A movement is afoot to set up similar institutions in other large towns.

Special legislation provides for the sterilization of mentally defective persons, in order to limit the number of children who will often suffer from hereditary defects, or will experience difficulty owing to the inability of their parents to care for them.

When social considerations indicate the sterilization of a mentally defective patient the institution management must refer the case to a tribunal consisting of a judge as chairman, a social worker, and a doctor trained in psychiatry or the care of mentally defectives. The social considerations referred to are when it is deemed that the patient is incapable of rearing children or providing for them by his own work, or when, in the patient's own interest, sterilization may render institutional care unnecessary and enable the patient to live under freer conditions.

If the board agrees to the sterilization, the institution takes immediate steps to have the operation carried out by a doctor authorized by the Board of Health. Failing agreement, no operation will be undertaken.

The number of cases of sterilization carried out between July 1, 1934, and January 1, 1948, was 3,325.

In cases of need the social committees must also make provision for epileptics. There are four State-approved institutions for epileptics with accommodation for about 700 patients.

Provisions also exist for the treatment and vocational training of cripples and maimed persons.

In cases of need the social committees must make provision for the crippled and maimed. They are responsible for seeing that application is made to a recognized institution for the disabled, in order that the person affected may obtain specialist

treatment or special education or vocational training. They may also have to arrange for payment by the Invalidity Insurance Fund or from State funds.

Where payment is not made by a sick club, the Invalidity Fund, or from State funds, the social committee is obliged, in cases of need and on the recommendation of a doctor, to provide assistance for the purchase or repair of artificial limbs, invalid chairs, bandages and so on. In special conditions, and with the consent of the Invalidity Insurance Court, the social committees may assist the affected person to set up in business and to buy working machines, or otherwise help him to obtain employment.

The State-approved private institutions are the Institute and Home for the Crippled, the Home for Invalid Children at Hørsholm (accommodation for 19), and the "Solbakken" Childrens' Home at Aarhus (accommodation for 27).

The Institute and Home for the Crippled comprises two orthopaedic hospitals, one in Copenhagen and one at Aarhus, with bed accommodation for 200 and 115 respectively. Attached to the hospitals are bandage and other workshops which do work for the hospitals and for other hospitals and private customers. There are large out-patients' wards which also give guidance on choice of school, occupation, etc. Education and vocational training are also provided, either at the Institute's own schools and workshops or with private employers.

In addition, there are a convalescent home, a children's school which provides ordinary primary education for internal and external patients who are unable to attend the ordinary schools, and a vocational school which provides a technical training course of 4-5 years' duration. Associated with the school is an evening school with ordinary school subjects and technical school subjects.

The schools have a children's department with accommodation for 40 internal pupils from the children's school, a department for young women with accommodation for 35 residential women pupils from the trade school, and a department for young men with accommodation for about 80 residential male pupils from the trade school.

In cases of need the social committee must make provision

for persons with defective speech who are or will be seriously incapacitated. It is responsible for a medical examination to decide whether an affected person requires treatment for split palate or hare-lip, stammering, or other defect of speech, or educational treatment for dumbness and word-blindness. In such cases application must be made to the State Institute for defective speech.

A special group is formed by patients with a split palate or hare-lip. Doctors must report such cases to the Invalidity Insurance Court at the earliest possible opportunity after the defect has been established. A child which suffers from hare-lip must be submitted for inspection at the Institute before the end of the second month after birth, or from split palate, before the end of the second year. The Institute advises the parents whether an operation should be carried out, or whether, in the case of split palate, an obturatic plate should subsequently be used. When a child which has been operated on for one of these complaints reaches the age of seven or eight, it is summoned for speech-training at the Institute.

The State Institute for Defective Speech consists of two departments, one at Hellerup, near Copenhagen, and the other at Aarhus in Jutland.

The Hellerup department includes a residential section with 55 beds. The annual number of pupils taught here is between 110 and 120, so that altogether there are between 60 and 70 day pupils in addition to the residential ones. The number treated at the Aarhus department is about 50. The total number of patients treated annually at the two departments together is between 600 and 800.

In cases of need the social committees must make provision for persons who are blind, or whose vision is so reduced that the special education or training for blindness or defective vision is deemed to be necessary in their case.

The welfare service for the blind seeks to alleviate the disadvantages of defective vision by teaching all who come under its care to read and write — children also ordinary school subjects. Young persons are given vocational training; older persons who are unable to obtain the required care in their own homes are found an alternative home.

Blind children and children with defective vision must be taught at the Royal Institutes for the Blind, unless other adequate provision is made for their education. Education lasts for 10 years, beginning with the eighth year; but children may be admitted at an earlier age.

The Institute for the Blind at Refsnæs comprises a nursery department with accommodation for 20 children, and a school department accommodating 90. The blind are taught in seven progressive standards; children with weak vision in one three-year and two two-year progressive classes. Tuition is given in the general school subjects with the ordinary school syllabus as the basis. Children whose mental ability is normal are transferred at the age of 15 or 16 to the Institute for the Blind in Copenhagen; otherwise, they are transferred to special homes for mentally deficient blind children.

The Institute for the Blind in Copenhagen comprises a three-year youth school with accommodation for 45 residential pupils between the ages of 15 and 18. They are taught the ordinary school subjects, and a beginning is made with vocational training.

In a school for craftsmen young men are trained in brush-making, basket-making, slipper-making, and a few other trades, and women in weaving, knitting, and needlework. The male craftsmen are trained at the Institute until, normally at the age of 18, they proceed to advanced training, lasting two or three years, with independent—usually blind—master craftsmen.

The women craft pupils usually complete their training on leaving the Institute, normally at the age of 18.

At the School for Music the pupils are trained for about five years, first as residential pupils (up to the age of 18) and later as day pupils. Instruction is given in the piano and violin, musical theory, and organ-playing, with the organist's examination of the Royal Danish Conservatoire as the aim. The pupils are also taught choral singing, audition, and piano-tuning.

At the Institute in Copenhagen there is a modern eye clinic with a sick bay. A central registry is kept of all the blind persons with whom the clinic has had contact, in other words, in time, all the blind in Denmark. The eye clinic is in close touch

with the Heredity Institute of the University with a view to counteracting hereditary blindness.

In addition to the State institutions described above there are four homes for the adult blind.

A feature of the State welfare for the blind is a limited company concerned with providing the blind with work. All but a small proportion of the shares in this company are held by the two societies for the blind, and it receives a State grant towards the wages bill. The company employs about 90 workers at its own factory and a further 190 who work at home.

In cases of need the social committees must provide assistance for a family whose supporter has been admitted to an institute for the blind or, on the recommendation of an institute, has been referred to other accommodation away from home.

The social committees must, in cases of need, provide for persons who are deaf or hard of hearing.

All deaf-and-dumb patients were formerly taught to converse by the "deaf-and-dumb alphabet". Nowadays, however, it has become increasingly the custom to teach by the "speech method", *i. e.* speaking in the normal manner.

At the deaf-and-dumb institutes the pupils are divided into groups according to their mental capacity, with a view to developing the most intelligent of them, to the furthest possible extent, in writing and speaking and in ordinary school subjects.

Deaf-and-dumb children must be taught at the Royal Institutes for the Deaf-and-Dumb, unless other adequate educational provision is made. The education lasts for nine years, usually beginning at the seventh year.

There are three institutes, in Copenhagen, Fredericia, and Nyborg.

The Copenhagen institute has accommodation for about 65 pupils and a nursery department accommodating 20. The nursery normally accepts children a year before the primary school, in exceptional cases even earlier.

The deaf-and-dumb institute at Nyborg is arranged as a day school, the pupils living in private homes in the town, usually two or three together. The number of pupils is about 90.

The deaf-and-dumb institute at Fredericia has about 150 pupils, some of whom live in while others (the older children) live at private homes in the town.

There are at present three private deaf-and-dumb schools, subject to the control of the State institutes.

Deaf-and-dumb welfare normally ceases with the completion of school education, the young people being discharged for work or further education. As some of them, however, will be unable to stand on their own feet without a vocational training, grants are made for such training at controlled workplaces.

For training in farming the State has a farm colony for 10 deaf-and-dumb boys. Finally, there is a working home for deaf-and-dumb girls in Copenhagen and a home for deaf-and-dumb men at Nyborg.

The sick clubs do not pay the costs of residence at a deaf-and-dumb institute.

As part of its welfare service for deaf-and-dumb, the State subsidizes a Vocational Guidance Bureau for the Deaf.

The social committees are obliged, in case of need and on a doctor's certificate, to arrange for and pay the costs of a deaf person's attendance at a course for lip-reading at one of the State deaf-and-dumb institutes.

A seven-months' course—the State reading course for deaf and hard of hearing—is held at Fredericia, while several towns arrange lip-reading courses at the municipal evening schools.

Hearing aids for younger persons may be provided from the funds of the Invalidity Insurance, or the social committees in cases of need. The society for the hard of hearing has a collection of hearing aids in Copenhagen and Esbjerg, where guidance is given in selecting the one required.

There is also a vocational guidance bureau for the hard of hearing, established in Copenhagen by a society for the hard of hearing.

The municipality of Copenhagen has a special school which accepts children who are hard of hearing, between the ages of 7 and 13, for ordinary primary school subjects and for lip-reading and articulation.

CHAPTER FIFTEEN

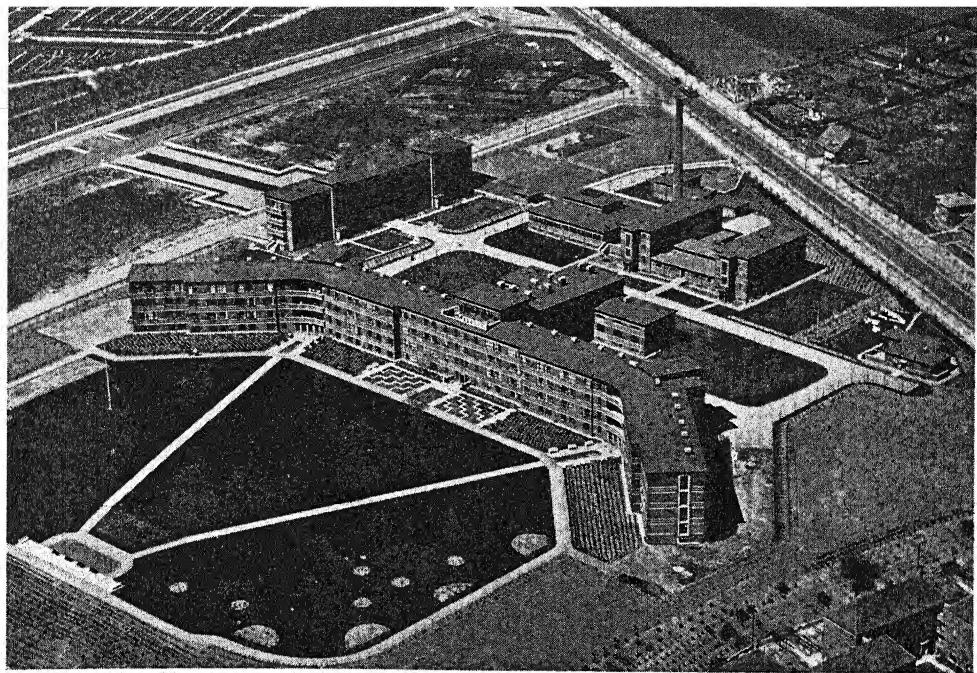
TUBERCULOSIS

The anti-tuberculosis campaign is strongly organized, not only through the hospitals but also at special tuberculosis centres, which are the most effective instruments for preventing infection. The law prescribes regulations for combating it, large sums are spent by the State and the local authorities, and the privately organized "National Association for Combating Tuberculosis", since its foundation at the beginning of this century, has done great work in establishing hospitals and sanatoria.

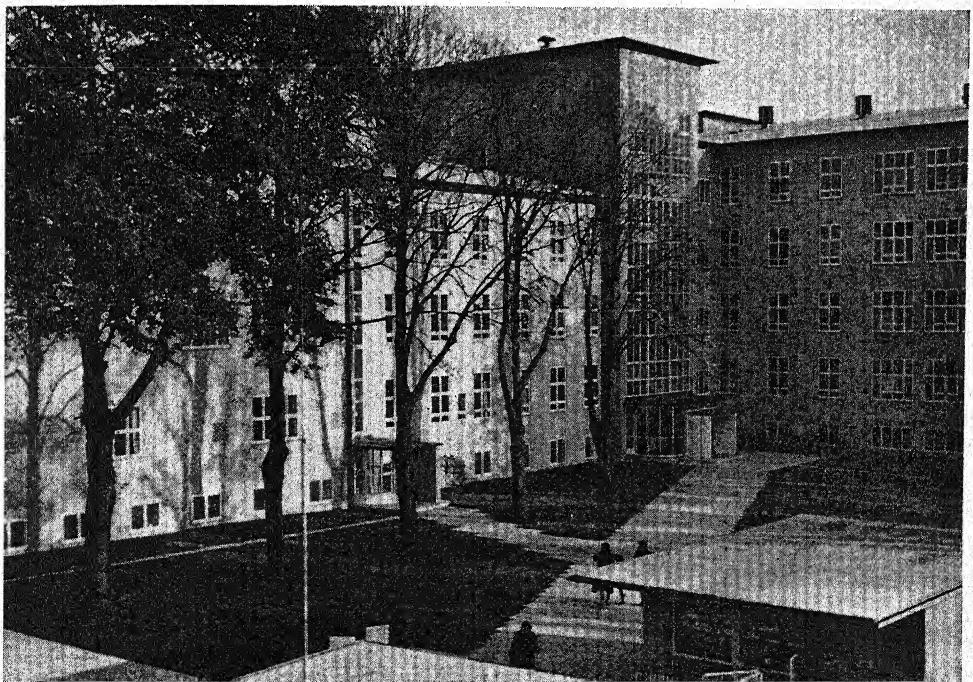
The law requires every doctor to report deaths from tuberculosis and to notify all cases of pulmonary or laryngeal consumption. Epidemic committees may call for the disinfection of rooms and clothing, and other measures may also be prescribed to prevent infection.

A patient may be prohibited from undertaking certain forms of works which may cause others to be infected, and in such cases the State may pay compensation. No woman may serve as a wet nurse, and no person may be appointed to public posts as teachers, clergy, district midwives, hospital nurses, etc., without a medical certificate to show that he or she is not suffering from contagious tuberculosis of the lungs or throat. Public servants with contagious tuberculosis may be dismissed with full pension.

More important even than these measures was, probably, the establishment of the preventive tuberculosis dispensaries, with which the whole country is now provided. These centres carry out diagnostic and advisory work, and, under expert medical supervision, organize the sanitary control of tuberculosis patients and their families. The centres may make



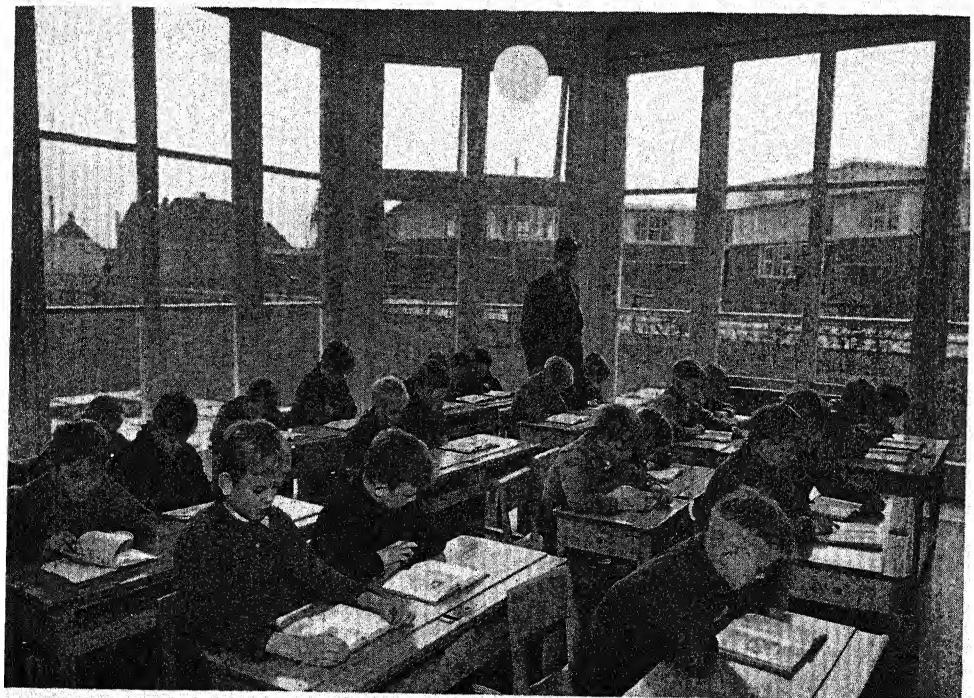
Aarhus County Hospital, built in 1932-35 with accommodation for 316 patients, in a medical and a surgical department



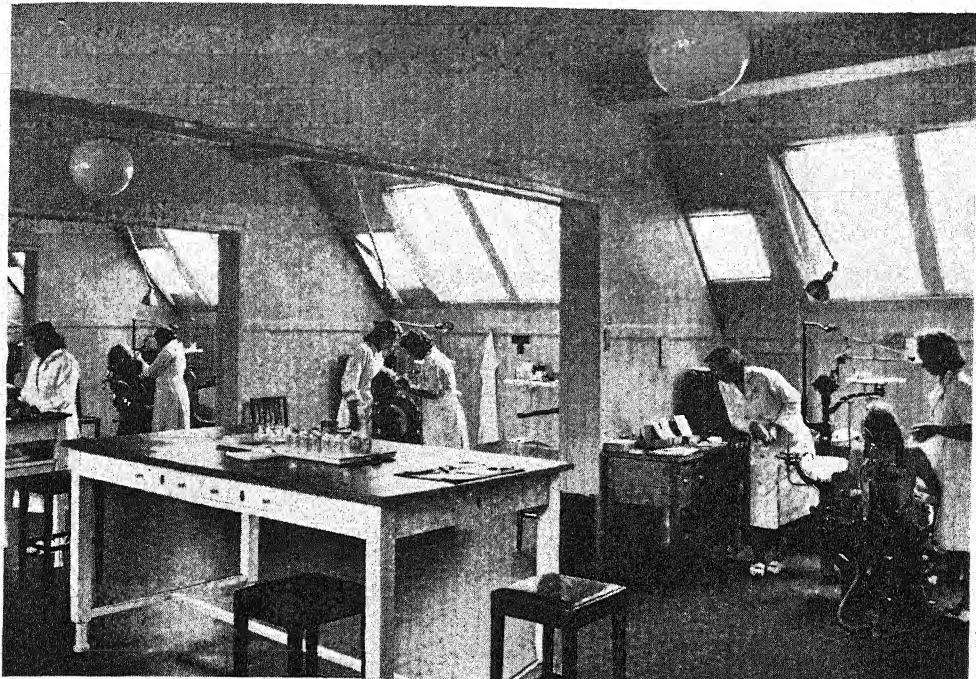
Roskilde County Hospital, built in 1937-40, has accommodation for 330 patients



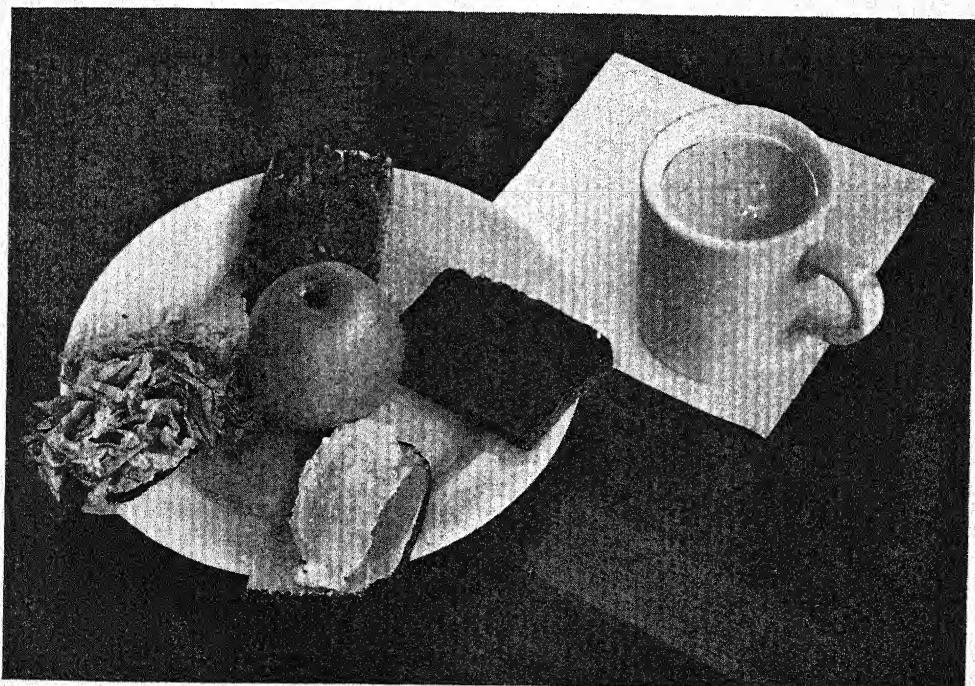
School for ailing children attached to "Skolen ved Sundet", in Copenhagen. Pupils spend as much time as possible in the open air, with rest hours during the day



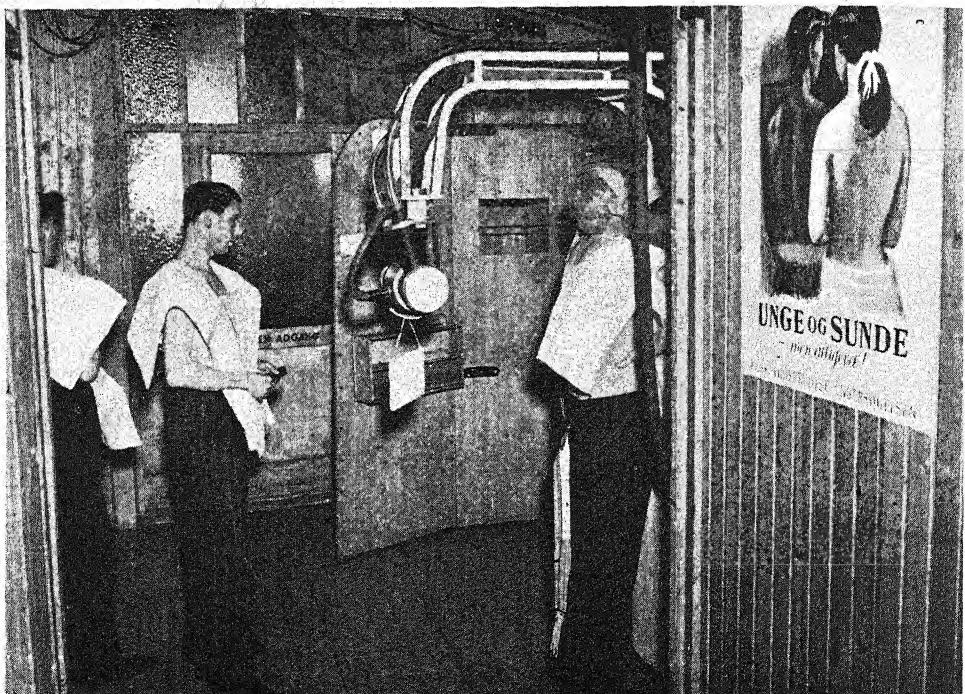
The school for ailing children also teaches general school subjects



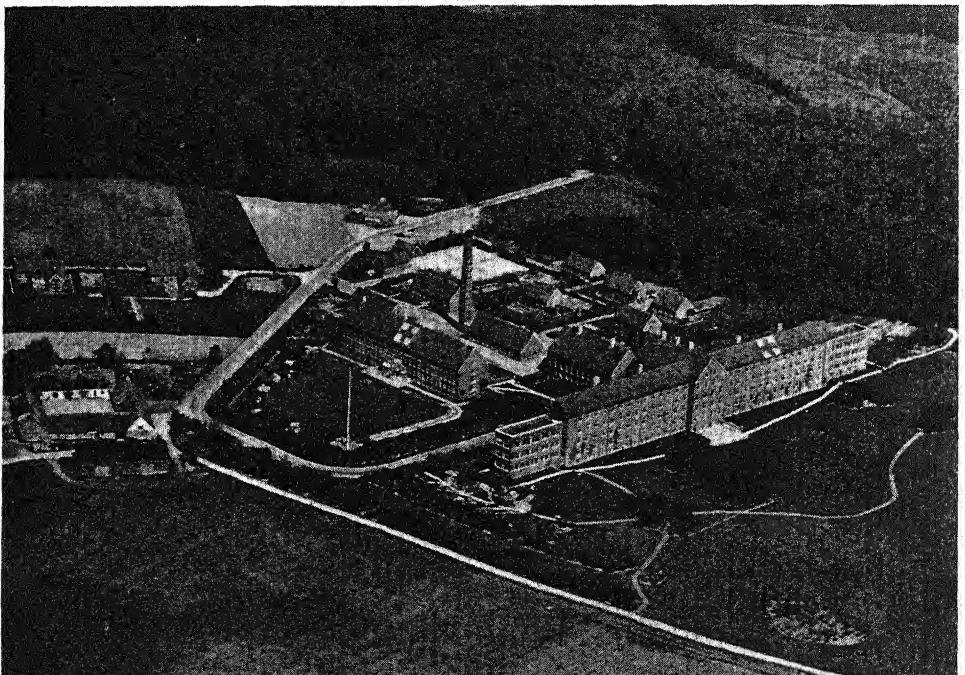
School dentists examine schoolchildren's teeth regularly every six months



The system of school meals has continued to spread and in Copenhagen now extends to most schools and children



Mass T. B. examinations take place in most towns and all adults are invited to be examined free of charge. In many factories and other establishments and at student hostels examination is compulsory



Avnstrup Sanatorium, North Zealand, with accommodation for 310 patients, is owned by the City of Copenhagen

allowances for nursing and towards healthier housing accommodation, especially with a view to isolating the patient, and may distribute beds, bed-linen, etc.

Medical practitioners may refer patients whom they suspect of having tuberculosis for free examination.

The centres must examine persons who are exposed to abnormal infection, either through family relations with tuberculosis patients or because they have mixed with patients at their work or elsewhere. As soon as a person is admitted for treatment for tuberculosis, the members of his family and other associates are examined to find out whether any of them have been infected.

The centres also conduct extensive, free examinations of whole groups of apparently healthy persons. For example, students, enlisted soldiers, and the staffs of certain firms are examined for hidden cases of tuberculosis. The use of two mobile X-ray ambulances enables large numbers of people to be examined in this way. Preventive Calmette inoculations are widely used.

The entire population of the island of Bornholm having already been examined for tuberculosis, the city of Copenhagen, in 1946, instituted mass T. B. inspections which were made available free of charge to every inhabitant of the city between the ages of 15 and 34. Altogether, 136,000 persons, or 64 per cent., were X-rayed, and of this number 82 per cent. were also tuberculin-tested and 72 per cent. agreed to have a preventive inoculation. Full X-ray photographs were taken in the case of 2,000, whereby 52 new cases of tuberculosis were established, corresponding to 3.9 per cent. of all persons examined. Examinations of their relatives led to the detection of a further 11 positive and 17 observational cases.

The preventive work and the well-organized hospital and sanatoria service have resulted in a big reduction in the tuberculosis mortality—from 25.2 per 10,000 in 1890–99 to only 3.5 in 1942.

The sick clubs pay the costs of tuberculosis treatment as they do in ordinary cases of sickness. In cases of need the social committees are responsible for seeing that persons suffering from tuberculosis are medically examined, to decide

whether they should be admitted to a hospital or given out-patient treatment. Where a patient is not entitled to sick club benefit, the committee must, in a case of need, pay the costs of treatment.

In addition, the social committee, regardless of whether the patient is an active member of a sick club or not, must provide assistance for any necessary clothing, travel to and from the institution, and support of the patient's family, if he is at an institution. The committee may also render assistance to the patient and his family after his discharge.

The regulations mentioned apply to any form of tuberculosis (pulmonary, glandular, bone, etc.), and the assistance rendered from public funds carries with it no judicial effects for the recipient.

Patients suffering from prolonged tuberculosis usually receive an invalidity pension, which ceases when they have fully or substantially recovered their working capacity.

At the types of curative institutions listed below there is accommodation for about 4,500 tuberculosis patients, corresponding to one place per 10,000 inhabitants. The institutions are grouped as follows:

Coastal sanatoria. These are reserved for the treatment of children with glandular tuberculosis, particularly the milder forms which do not require actual hospital treatment but which it is expected may be cured solely by living under healthy and sanitary conditions, with sea air and sea bathing.

Coastal hospitals. Reserved for the treatment of patients with surgical tuberculosis, graver forms of glandular tuberculosis, and lupus.

Tuberculosis sanatoria. Reserved for the treatment of patients with pulmonary or laryngeal tuberculosis, particularly those in the earlier stages of the disease where there is a prospect of a cure, and mainly for walking patients who can take the air.

Tuberculosis hospitals. Hospitals or separate hospital departments which are reserved exclusively for patients with pulmonary or laryngeal tuberculosis, particularly those who are

incapable of deriving sufficient benefit from treatment at a sanatorium.

Homes. Under medical supervision, and reserved for patients suffering from pulmonary or laryngeal tuberculosis who are unfit for work but for whom a stay at a sanatorium or hospital is not considered necessary.

Several of the Danish tuberculosis sanatoria are maintained through the sale of an annual Christmas stamp. The idea of selling a Christmas stamp for charitable objects was proposed and realized in 1904 by a Danish postmaster. The proceeds of the stamp, which costs Kr. 00.02, have increased each year and have been spent on the establishment and maintenance of tuberculosis sanatoria and homes for other ailing children.

CHAPTER SIXTEEN

OTHER DISEASES

For persons suffering from lupus, cancer and other growths and tumours, or rheumatic changes of the joints there are the same rules regarding payment for treatment as for tuberculosis patients. The voluntary "National Association for Combating Cancer" has established three radium stations and provides its members with free treatment and maintenance at them.

In order to secure effective action against venereal diseases persons suffering from them are under legal obligation to submit to treatment. There is compulsory examination where it is suspected that a person may be infectious. In return, everybody is entitled to treatment free of charge by special, publicly appointed doctors, or at hospitals. Every doctor may require his patient to attend for treatment or examination. Persons of whom there is good reason to suspect that they are a source of infection may also be required to attend. Where the injunctions of public doctors or recognized clinics are not complied with, the infected person may be brought before a doctor by police intervention. Considerable efforts are exerted to tracing the sources of infection.

Cumpulsory transfer to hospital may be resorted to when a patient has palpably neglected to take required treatment, or is suspected of professional prostitution, or when the patient's mental condition, earlier conduct, or occupation suggests that infection of others cannot be satisfactorily prevented without admission to hospital. Compulsory admission to hospital is decided on by the local chief of police, acting on a certificate by a public doctor, but the person affected may demand to have the decision brought before a court of law within 24 hours.

The State bears the costs of treatment and of placing children with congenital syphilis in either of two special children's homes.

Denmark has sought to combat the most serious infectious and contagious diseases by public action for more than 150 years. It is laid down in law that the most dangerous of them, such as plague, Asiatic cholera, yellow fever, dysentery, typhus, smallpox, and leprosy, must be given public treatment. Other infectious and contagious diseases with the exception of tuberculosis and venereal diseases may be declared subject to public treatment when they are of malignant or widespread occurrence. A person suffering from or suspected of suffering from any such serious epidemic disease may be compelled to enter a hospital. The State pays the costs of treatment, also in the case of less serious diseases such as typhoid fever, paratyphoid, paradyssentery or related diseases, diphtheria, scarlet fever, infectious dorsal consumption, or acute infantile paralysis. In connection with entry into hospital, there is disinfection, especially of homes, at public expense. Special legislative regulations provide free treatment for scabies and lice.

Of great preventive importance is the law which requires that every child must be vaccinated, free of charge, against smallpox before it reaches the age of seven, or before it starts school. Facilities are provided to enable every person under 18 to be immunized free of charge against diphtheria.

Important also are the thorough control of drinking water, some control of foodstuffs, and the removal or destruction of sewage waste.

The result of the work done by the public health authorities and by the State Serum Institute is that there are relatively few cases of epidemic diseases and a very low mortality rate from them.

CHAPTER SEVENTEEN

MATERNITY & PRE-NATAL WELFARE

Maternity aid seeks to help every mother or expectant mother who is in need of help, irrespective of whether she is married or unmarried. Seven Maternity Aid Centres have been established by law—in Copenhagen, Næstved, Odense, Sønderborg, Esbjerg, Aarhus and Aalborg—and they give consultations in 67 towns. Their management councils consist of representatives of the State, the local authorities, and private associations, all of which support them financially. They are staffed exclusively by women, and the advisory staff must have undergone a course for social advisers at the Social School in Copenhagen, or some similar training.

The centres must give expectant mothers personal, social, and legal assistance (*e. g.* in regard to paternity cases, guardianship, and adoption where necessary), advice and guidance with regard to their confinement, including the monetary and medical aid which is available to them before and after the birth of their baby. Women attending the centres may be regularly examined before and after their confinement.

The maternity aid centres are responsible for organizing aid of a health and social nature. Unsupported mothers are found residential accommodation (perhaps combined with work), both before and after the birth, at special institutions or in private homes (*e. g.* with midwives), and the maternity centre may pay the costs.

The maternity aid centres may establish homes for expectant mothers and mothers with babies, and for infants. Several of these have been opened, while holiday centres have been established for mothers in need of a rest, and their children.

The maternity aid may assist with the provision of satisfactory nursing and domestic help during confinement, post-natal convalescence, purchase of baby clothing and other requirements, and advance payment of maintenance contributions from public funds (*e.g.* for pram, cot, nursing charges).

The assistance given by the maternity welfare is limited by the private funds which it has at its disposal. Only half the costs of children's clothing, other than baby wear, and of domestic help during confinement are refunded, while the costs of baby wear and of lost contributions are refunded in full.

The municipality provides half a litre of fresh milk daily after the third month of pregnancy for women of small means and one litre daily for six months for the baby. Often milk coupons are distributed for the municipality through the maternity aid centre.

Under a law on pre-natal hygiene every woman may, free of charge, obtain pre-natal guidance, up to three preventive medical examinations by a doctor, and up to seven examinations by a midwife.

Should an expectant mother desire to have her pregnancy interrupted and, either on her own initiative or on the recommendation of the social committee or of others, make application to this effect to the maternity aid centre, the centre must endeavour to dissuade her from any rash step, and provide her with the guidance and the assistance and resources that are available to enable her to proceed with her confinement. The maternity aid has had certain funds made available to it by the State with a special view to assisting pregnant and distressed women to complete their confinement, particularly where economic conditions are a contributory cause of the woman's desire to have her pregnancy interrupted.

As a matter of general principle, Danish law does not permit deliberate abortion, a fact which it underlines with penal regulations. A pregnant woman may, however, have her pregnancy interrupted, where it is necessary in order to avoid grave danger to her life or health (medical indication); where conception was the result of criminal assault or of incest (ethical indication); and where there is grave danger that, because of hereditary predisposition, the child will suffer from insanity,

mental deficiency, other grave mental aberrations, or grave and incurable bodily disease (eugenic indication).

Where the danger to the woman's life and health is not caused by illness, but is due, for example, to exhaustion, chronic malnutrition, attempted suicide, or other act of despair, interruption of pregnancy, though it may be carried out, must not take place until she has first had an opportunity for reflection, and has been informed of the dangers of abortion by quack doctors and of the monetary and medical aid which is available to her and her baby if she continues with her confinement.

Interruption of pregnancy may be undertaken only by an authorized doctor after consultation with another authorized doctor, generally the woman's own, and only at a State or municipal hospital, or at a private hospital which is in receipt of public subsidies, or one to which patients are admitted at the public charge.

The costs of the operation are borne by the patient herself if she has the means, otherwise by the State.



"Fuglebakken" children's hospital, in Copenhagen, receives surplus mother's milk from all over the city. Premature baby on the right cannot live unless it gets mother's milk



Health nurses visit the home regularly during the baby's first year. From the first to the seventh year children attend the child welfare centre for regular examinations, free of charge.



The maternity aid centres give expectant mothers legal and financial support where required by social conditions



City of Copenhagen housing for large families, erected to relieve congestion in the all too numerous two-roomed flats

CHAPTER EIGHTEEN

PUBLIC ASSISTANCE

The Danish social services are so organized that the maximum number of benefits are obtained through State-aided contributory insurance schemes—accident, unemployment, health, and invalidity insurance—and the State-paid non-contributory old-age pensions, all based on scales of payment that as far as possible are fixed and are not subject to any means test as such. Children of single women are assisted to the fullest possible extent with child allowances, likewise without any strict means test, though according to fixed income scales. There remain a number of cases of need which may be due to illness or unemployment, the loss of a supporter, or like cause, and which must be assisted on the basis of an estimate made by the social committee in the municipality where the person concerned is domiciled. The law on public assistance lays down a long list of regulations concerning assistance in special cases, some of which have already been mentioned in Chapter Nine. The estimate of need in these cases is sometimes more lenient, for example, when continued benefit is applied for. Where a case of need can be related to regulations on special aid, the local government must render assistance in accordance with them, and only when there is no statutory authority in the special regulations may recourse be had to the last alternative: so-called public assistance, or poor relief. Special aid, public assistance, and poor relief are met in full out of local government funds, though some adjustment takes place as between the various local governments.

When a person is in need of public assistance, the social committee in the municipality where he is domiciled is under an obligation to come to his aid. The person seeking assistance

must submit to an enquiry into his personal and financial affairs and the investigations that are necessary to establish whether assistance can be given. Employers are obliged on pain of fine to provide the committee with particulars of the applicant's length of employment and size of earnings. The recipient of assistance must submit to the control and inspection required to establish whether the object of the law in providing the assistance has been achieved.

Where the nature or amount of the assistance to be granted is not formulated in the law, but is wholly or partly fixed on an estimate, the social committee is responsible for seeing that no person in need of assistance goes without the necessary means of subsistence, or adequate treatment and attention in cases of illness. First consideration must be paid to the applicant's requirements and to his ability subsequently to support himself. Assistance in cash takes precedence over payments in kind or admission to a home or institution, provided that no other form of assistance has been laid down in the regulations of the public assistance law, such as the placing of mentally defectives in an institution, the maintenance and employment of vagrants in workhouses, etc. The public assistance law, with its very detailed provisions, seeks to indicate the most appropriate form in each case.

With regard to payments in kind, the local government is given the responsibility of arranging a suitable scheme of domestic nursing, and municipalities with over 4,000 inhabitants may be required to erect or arrange homes for old-age pensioners who are so old, feeble, or ailing that they are incapable of living on their own or of being boarded in a private home. Up to 1942, 510 homes for the aged had been erected, with accommodation for about 13,000 persons. The urban municipalities must guarantee themselves adequate accommodation in homes for children, and all local authorities must arrange for accommodation in a workhouse. It is characteristic of the improvement that has taken place in Danish social legislation in recent years that the need of such workhouses continues to decline. Voluntary associations have established work camps where an attempt is made to accustom work-shy persons to regular work, and improvement homes for alcoholic addicts.

Although the problem of inebriates in Denmark is still serious, an effective solution to this problem has still to be found. The very high taxes on alcohol and the propaganda against the consumption of spirits by motor-drivers are important preventive measures, but are scarcely of great effect in the case of chronic inebriates.

For chronic invalids or disabled persons who are too difficult to be cared for in a private home, or at a home for the aged or a similar institution, but who do not require treatment at an ordinary hospital or other special institution, County Nursing Homes may be established. So far, there are only a few of these, but a number are projected with which to supplement and partially replace the homes for these people that have been established in course of time by private philanthropy.

Cash assistance for the maintenance of families at home is generally given in the form of a maintenance allowance (with a supplement for each child under 15), payable weekly or fortnightly, and of a rent allowance for the payment of lighting and gas, and most give a fuel allowance. Extra allowances may be made, for example for special diet and (sometimes in kind) milk and clothing. Elderly and ailing people are often paid by the month. Although the law prescribes no fixed rates for the payment of public assistance (as it does in the case of old-age and invalidity pensions), in deciding how much may be allowed in individual cases of public assistance in cash or in kind, care is observed that the assistance granted does not exceed the amount that could have been obtained in the period in old-age pension (basic pension plus child allowances) if the applicant had fulfilled the required conditions.

As a necessary supplementary aid of a general character over and above this amount, such as a grant for rent, fuel, clothing, or the like, or as assistance under special conditions as the result of need occasioned by prolonged illness, heavy family burdens, or other special circumstances, the local authority provides a sum corresponding to 10 per cent. of the amount paid out in old-age pensions in the same financial year.

To stress the fact that no "double provision" must be made, it is laid down that a person who is entitled to an invalidity or old-age pension may not, except in very special cases, simul-

taneously receive public assistance. Nor may public assistance be paid in order to supplement the normal wages of a normal person employed in normal work, except in special cases where, for example, heavy family burdens recommend a departure from the rule.

The social committee may not pay travel allowances as public assistance or relief, unless it has assured itself that the applicant is guaranteed work of more prolonged character elsewhere, or that his family is already permanently domiciled in the locality to which he is moving, and the relations between him and the family have not been broken off.

Assistance in migrating can be given only in quite exceptional cases, and then only on the decision of the Minister for Social Affairs.

While so-called special aid has no legal after-effects on the recipient, the public assistance or poor relief which a person has received or incurred, after the age of 18, may be reclaimed by the public, from himself or from his estate. The claim for repayment may only be made in the debtor's lifetime, however, when the social committee in his municipality judges that he is able to make repayment without depriving himself of the means of subsistence or of legally providing for his dependants. The right to claim repayment from the beneficiary's estate is also conditional on the judgment that to do so would not deprive children for which he was legally responsible of the means of subsistence.

Repayment may be exacted in instalments, which may be obtained by restraint or by being stopped from wages. The obligation to repay, as well as the loss of voting rights referred to below, may, however, be abrogated by the remission of the amount. Partial remission of assistance previously made is sometimes granted as a general measure, as, for example, on the country's liberation in 1945 and on the death of the King in 1947.

Remission may also be allowed by the municipality in individual cases, when the recipient is deemed to be capable of providing for himself and his dependants without public assistance or relief, but on the other hand is unable to repay without involving himself in distress.

In some cases recipients of public assistance may lose their right to vote at local elections for a period of up to two years. This is the case, for example, where there has been fraudulent behaviour, where the assistance has been wasted or grossly abused, where the assistance has to be made because of irregular living, refusal to work, etc. As already mentioned, the right to vote may also be lost on the receipt of sickness assistance by a person who is entitled to active membership of a State-approved sick club but has not joined one. Where the recipient is under direct public care, *e. g.* is maintained at an institution, or where he receives extensive support over a long period, his voting rights may also be suspended.

So-called poor relief is resorted to as a cash payment only in the case of persons who are obviously work-shy (these, however, are often placed in a workhouse), and of persons who have been convicted of fraudulence against the public assistance office.

Assistance is also given in the form of poor relief in certain cases where a person neglects his dependants, and where there is legal basis for detaining him in a workhouse. Poor relief is given, also, in the case of a person who is compulsorily detained at a home for inebriates. Provision for vagrants and persons without means of subsistence usually takes the form of poor relief, with maintenance at a workhouse.

CHAPTER NINETEEN

EDUCATION

Compulsory school attendance, between the ages of six and fourteen, was introduced in Denmark 200 years ago. The law now provides for compulsory education, not necessarily attendance at a school, covering a period of seven years from the age of seven, but with the opportunity of a further one or two years. Less than one per mille of all children are taught at home. Elementary education is given at the publicly provided primary schools. It must not be confined to the imparting of knowledge, but must be based primarily on the shaping of character, the object being to promote and develop the child's ability and aptitude, strengthen his character, and provide him with the required knowledge. The utmost emphasis is placed on training pupils to do independent work, and the education provided in the upper standards is adapted to suit their future work.

A few private schools exist, mainly because some parents have special desires in regard to their children's education, either of a religious, national, or other nature. These private schools are subject to some public inspection and the State makes the same grants per child as in the case of the publicly-provided schools, provided that the education is of at least the same extent as in the general schools. The share of the expenditure borne in the case of the general schools by the local authority must, however, in private schools, be paid by the parents.

The local authorities are responsible for the general school organization and the school board of every local government is elected by the local council, either from among its own members or from outside. A school syllabus is drawn up for each local government and must be approved by the Ministry

of Education. When desired by a certain number of the parents, a parents' council may be elected which will have the right to attend the school lessons and to share with the school board in nominating candidates for posts as teachers.

Special education is given, where conditions permit, for children who are hard of hearing, suffer from poor vision, defects of speech, and word-blindness, or are of poor intelligence, and cannot profit by attendance in the ordinary classes. With regard to deaf, deaf-and-dumb, blind, and mentally defective children, see Chapter 14. The largest of the local authorities have appointed school psychologists and psychiatrists to assist in placing children of abnormal character.

The school districts must not be so large that any child will have further to go to school than about two miles. Should the distance be greater, the children may be provided with transport, either by bus or other means. In later years an attempt has been made to assemble the higher standards of the primary school, the secondary school, continuation classes, and certain special classes in central schools held jointly by several local authorities, the purpose being to achieve a more rational class division and better teaching material for the higher classes.

The primary school is followed by the "middle" (secondary) school, which usually lasts for four years and has several branches. It may be an examination school which in turn forms the basis of a one-year "real" form or the three-year "gymnasium". Or it may be without any examination, in which case it provides a continuation of the education in general subjects given in the primary school but makes some special allowance for the pupils' future practical life, for which reason it is also called the "practical middle school" (*cf.* the English "modern" school).

In the rural districts it is not, of course, possible to make such a rational division into classes as in towns, and so the great majority of the country's schools have classes which include children of several age-groups, even though the ideal is a class for each year group. The single-class form of school is found in only a little over 100 small schools, which are mostly located in the South Jutland districts and in remote islands. The two-class form is found in about 120 schools, representing a rela-

tively small number of children. Just under half of all village schools have from four to eight classes, and they represent the bulk of all children in the rural districts.

Both English and German are taught in the examination "middle" schools. In the non-examination schools children who in the view of the school would really profit by it, and whose parents wish it, may be given special instruction in English, German, and mathematics, though no pupil may take more than one foreign language.

The largest towns have instituted camp schools, the children spending a month at a camp in the country and being taught there. The teachers' associations in some localities have established camps for ailing children, and holiday camps. Farm holidays are also arranged for children from the largest towns. The State Railways may provide free travel for children in urban localities going on such holidays.

It is required that every school must have running water laid on, and every school which provides education for children under 12 must have a gymnasium with a dressing room and shower baths. Sports grounds must also be provided near the schools.

Some municipalities have arranged school meals throughout the year for all children whose parents wish it, so that a nourishing daily meal is provided in the school period. Up to 1948, however, school meals have been available only for the children of parents in the low-income groups. In the approximately 50 local governments where school meals have been introduced, about 20 per cent. of all the children attending school have received them.

With reference to school hygiene in general, see Chapter 13.

In 1946 there were 3,732 local government schools and 404 private schools, with an attendance of 419,244 and 39,353 children respectively. At 35 State schools, all of which are examination schools, there were 13,151 pupils. Only 428 children were taught at home, while 1,079 were receiving no education owing to mental deficiency.

In the examination schools, the number attending "middle school" classes was 65,110, "real" classes 7,674, and "gymnasium" classes 8,061, or a total of 70,845, a little over half of

whom were boys. To teach the total number of children attending all schools (471,748) there were 18,075 teachers. While in Copenhagen the number of male and female teachers was about equal, the ratio for the country as a whole was 10 males to 7 females.

The size of classes in the primary schools must not exceed 33-35 pupils. In the larger towns the number is about 28; it is higher in the non-examination classes and a good deal lower in the examination schools. The average of all State and local government classes in 1945 was 21.

Before and during the war, the German minority in South Jutland had its own municipal and private schools on the lines of Danish schools, but with German as the teaching language. After the war, it has been permitted by law to maintain its private schools, receiving the normal Danish State subsidies, whereas the German municipal schools have been abolished.

Any child may be transferred from the primary to the "middle" school and proceed thence to the "real" class or the "gymnasium", provided he is able to pass a special test in the general school subjects.

In the publicly-provided primary and secondary schools all tuition is free.

Further education at the Universities of Copenhagen and Aarhus and at a number of scientific colleges is free as far as the instruction is concerned. In addition, there are a number of youth, trade, and technical schools which are substantially subsidized out of public funds.

Evening schools, which are particularly widespread, provide continued education, free and voluntary, for young people after they have left the general schools. In 1945 there were 3,320 evening schools established by local governments or voluntary associations, with an attendance of 160,000 person at 545,000 lessons. Besides these, there are voluntary and free youth schools for unskilled workers between the ages of 15 and 18, run by the local governments. In 1945, there were 133 of these with 6,400 persons attending 36,000 lessons.

At just over 330 technical schools in 1945, instruction was given to over 35,000 apprentices, while about 26,000 persons

were taught at about 160 commercial schools. Employers are obliged to see that their apprentices attend these schools, and must pay the costs. The schools are so distributed that few apprentices have more than about five miles to the nearest school.

Voluntary instruction in agricultural subjects is given at about 210 rural schools which were attended in 1945 by 12,500.

Run as boarding schools, established by private individuals or associations, and with voluntary attendance at courses of three to five months, there were, in 1945, 54 folk high schools with nearly 5,000 students, just over half of them men. There were also 25 agricultural colleges with 2,500 students, 140 of whom were women, and 30 domestic science colleges with 2,330 students. In addition to these there were six trade colleges. For young people between the ages of 14 and 18 there were 65 continuation schools with 3,500 pupils.

The State subsidizes the running costs and, in the case of boarding schools, makes grants towards the maintenance of students who are without means.

In addition to scientific and technical libraries there were in 1946 1,282 libraries which received State grants—or one in nearly every municipality—with 4,400,000 volumes, 675,000 borrowers, and 14,300,000 borrowings. Two hundred libraries are municipal. The State and local governments bear the great bulk of the costs. Further, there were 223 juvenile libraries with 680,000 volumes, 102,000 borrowers, and 1,750,000 borrowings.

A special central library with 100,000 volumes lends book to tuberculosis hospitals and tuberculosis out-patients who are unable to borrow from the ordinary public libraries.

CHAPTER TWENTY

CHILD & JUVENILE WELFARE

Preventive child welfare in regard to health has been described in Chapter 13, and general moral education takes place at schools alongside the imparting of scholastic knowledge as described in Chapter 19. Danish law also lays down many regulations with a view to protecting the child's legal and economic position, especially where disputes between the parents prevent it from growing up in the natural family surroundings. Parents have the full responsibility of maintaining their children up to the age of 18; but they also have parental authority, *i. e.* the right and obligation to decide in matters which personally affect their children.

The law excludes criminal charges against children under 15, and in point of fact children under 18 are rarely charged. But where charges against juvenile delinquents are not proceeded with, it is often required that they should be placed under guardianship, either in an institution or through the appointment of a special supervising guardian.

Children and juveniles are protected by special regulations under which only children over the age of 14 who have lawfully left school may be occupationally employed, except in agriculture and forestry, shipping and fisheries. In other words, children under 14 may not be employed in factories and workshops. There is also a prohibition on night work by juveniles under 18, while juveniles who are employed in establishments which are subject to factory inspection must be medically examined no later than four weeks after their engagement.

Although in general schoolchildren may be employed as messengers and in agriculture, local government authorities may prohibit or limit the work of children under 14 who have

not lawfully completed their school attendance. Moreover, no child of school age may be occupationally employed against payment before the beginning of his school day.

Children under 14 may not be employed on board ship, and juveniles under 18 may not work as ship stokers or coal-trimmers.

Juveniles who are to have a technical training are protected against exploitation by their employers through the obligation of the employers to prepare a contract of apprenticeship for all juveniles under 18, and to have it approved by the public labour exchange offices. Wages, working hours, holidays, health insurance, and technical education are all covered by regulations which the employer must observe, while the apprentice is not subject to any domestic discipline by the employer.

General family allowances as recently introduced in a number of countries, in the form of cash benefits for all children, have not been legislated for in Denmark. By special allowances which may be deducted from the taxable income and by certain subsidies to reduce the prices of some important foods and other requirements, some small effort has been made towards distributing the burden of maintaining children. Further measures to this end are a scheme of rent rebates for large families and the provision by the local authorities of school meals for all schoolchildren.

Child allowances are paid in a number of special cases—as a supplement to unemployment benefit, invalidity and old-age pensions, and municipal aid—while allowances for the children of widows and the pre-payment of alimony allowances to unprovided-for mothers have been in force for many years.

The maternity aid centres have been dealt with in Chapter 17.

Crèches, Nurseries, and Recreation Homes.

Recent years have seen the wide development of institutions for the care of children: crèches for babies up to the age of two, nursery and infant schools for children between the ages of two and seven, recreation rooms for use by children of school age outside school hours. The initiative in most cases has been taken by voluntary associations or individuals; but

the local authorities have gradually established institutions of their own, where children may be educated and occupied with games and pastimes with an educational slant. It is becoming quite customary to require that nurseries should be included in all housing estates which receive subsidies under housing legislation. The State and the local authorities may subsidize their establishment and maintenance up to 70 per cent. of the costs. This makes it possible to achieve a fairly high standard while keeping parents' fees relatively low, and in cases of need parents may also secure special municipal aid.

The institutions and those in charge of them, who must have had special training, must be approved by the Ministry for Social Affairs. They are inspected by the child welfare authorities, while buildings are inspected by the local medical officer of health. In addition, children in crèches and nurseries are under special medical inspection.

The most frequent reason for placing children in crèches and recreation homes is the need of the mother to take work outside her home; hence, these institutions are necessary for social reasons. It would be desirable if not very many crèches were needed, but it is an admitted fact that there are too few of them to meet requirements. There are only about 60 crèches with accommodation for about 2,000 babies, *i. e.* for one per cent. of all infants under two.

Nursery schools are also considered to be necessary for social reasons, and so a large number of them are run as full-time nurseries. The mother who goes out to work may leave her child there when she leaves home and call for it again after work. But social need apart, many children, especially the only children of a family or children whose brothers and sisters are a good deal older or younger, will derive great educational benefit from companionship with children of like age under skilled guidance and attention.

Educational and health considerations are all in favour of the child spending only part, say half, of its day in the nursery. But as there are still too few nurseries to meet even the social need, the great majority of them are full-day nurseries. Children thus have to be fed, with at least one meal a day, and rest cots arranged.

There are 350 nurseries and infant schools with accommodation for about 17,000, or 5 per cent. of all children between the ages of two and seven.

Recreation rooms, or play-homes, are intended to give children of school age a place where they may go outside school hours to be intelligently occupied in their leisure with a variety of manual pastimes. Help with home-work may be provided, and there is opportunity for playing and for open-air activities under the supervision of a trained staff.

Some play-homes have been arranged quite independently of schools, so as to provide a place of leisure with no school atmosphere about it. Others are play-rooms or reading-rooms at schools as a voluntary part of the school's care for its pupils.

In connection with most play-homes, and using their rooms, evening club rooms have been opened for juveniles, with various forms of entertainment, recreations, reading, film shows, and so on.

There are about 70 approved recreation homes with accommodation for about 5,000, *i. e.* about one per cent. of all children of school age.

While just under half of the nurseries, with a little over half of the total accommodation, are in Greater Copenhagen, the accommodation at crèches and recreation homes in Copenhagen is, respectively, twice and three times as great as elsewhere.

The nursery schools and play-homes have frequently arranged summer camps where their children may spend a fortnight or more of their holidays with their companions and teachers.

In the largest towns public playgrounds have been laid out, often with "play aunties" to look after the children, at least in the summer months.

Local Child Welfare Committees.

Health regulations apply to all children, while crèches, nurseries, and recreation homes, in principle, are open to all. The work of the elected child welfare committees concerns certain groups of children or certain individual homes and children where special conditions warrant interference.

On the assumption that certain groups of children might be living under unsatisfactory conditions, so-called supervision was established many years ago.

Supervision must be maintained over all children under 14 who have been placed in foster homes, *i.e.* children not living under parental authority. The need and the effects of this supervision, which first became really effective in 1888, are shown by the fact that the mortality rate of such children fell from 13 per cent. in 1888-92 to one per cent. in 1926-30. Whereas mortality among infants in foster homes in 1888-92 was three times the general infant mortality rate, the rate is now the same as for other infants.

The child welfare committees may also institute supervision of children under 14 who are in foster homes without payment, as also of adopted children under 14 when payment has been made for adoption.

In general, children under 14 may be placed in foster homes, or for daytime care in another home against payment, only when the child welfare committee has given its consent, after prior inspection of the proposed home and after the issue of a medical certificate that there are no traces of contagious tuberculosis or other contagious or infectious disease in the foster parents, the household or the child. The foster parents may also be required to produce a police clearance. The child must be given a bed of its own.

As a general rule, only married couples living together, and who have no more than three children of their own under 14, are permitted to become foster parents. As a rule, not more than one child under one year old may be adopted into any one home, and more than two children may not usually be placed in one family at the same time unless they are brothers and sisters. Single women may be allowed to accept girls, and in exceptional cases, boys, especially infants. Guardianship may only be granted in quite exceptional cases to single men. Usually it may not be granted to persons over the age of 55.

While the child welfare committees, the maternity aid, and approved child welfare associations may act freely in placing children in a foster home or adoption, others require special authorization from the Ministry of Justice, and the

child welfare committees must ensure that no unauthorized person is employed as an intermediary.

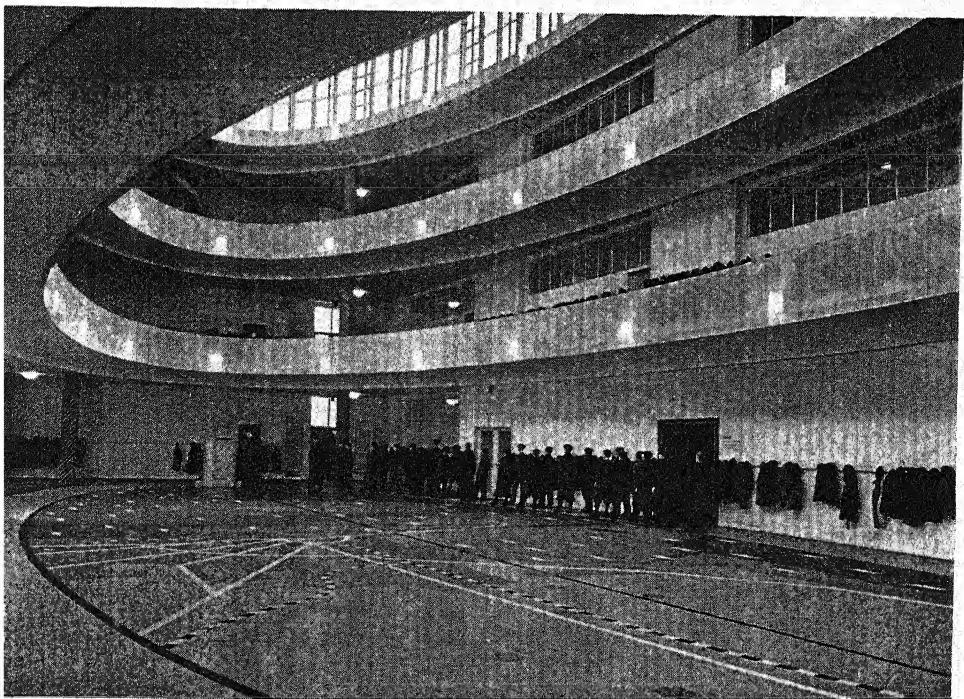
The birth of a baby whose mother is unmarried must be notified to the local chief of police by the midwife or doctor, in order that a paternity case may be filed to establish the father's identity, and to the child welfare committee, who must inspect all such children until the age of seven. The committee may extend the inspection to the fourteenth year and must carry out inspection if there is prepayment of alimony by a public authority. Inspection must also be made of the children of married parents for whom widows' allowances are paid, or whose maintenance allowance from the father, when the parents are divorced or separated, is paid in advance by the local public assistance office. There must also be control of children whose parents receive prolonged public assistance or poor relief.

The committee, however, release a child from control, where individual circumstances permit. Inspection may be carried out voluntarily or by paid personnel; paid inspectors are employed in the larger municipalities. The board may also allow the inspection of certain children or groups of children to be discharged by a publicly recognized child welfare association. For girls and for boys under seven a woman is usually appointed. For children under one year old, where conditions permit, a woman with special child-nursing qualifications must be appointed. Where health visitors have been appointed for general health inspection of infants, it is most usual for them to carry out the control of homes with babies which the law requires. The inspector must visit the child regularly and without warning, and has a legal right to admission to it. He assists the home with advice and guidance and ensures that the foster parents discharge their obligations to the child. He makes a report to the board of guardians once a year, or more frequently if required.

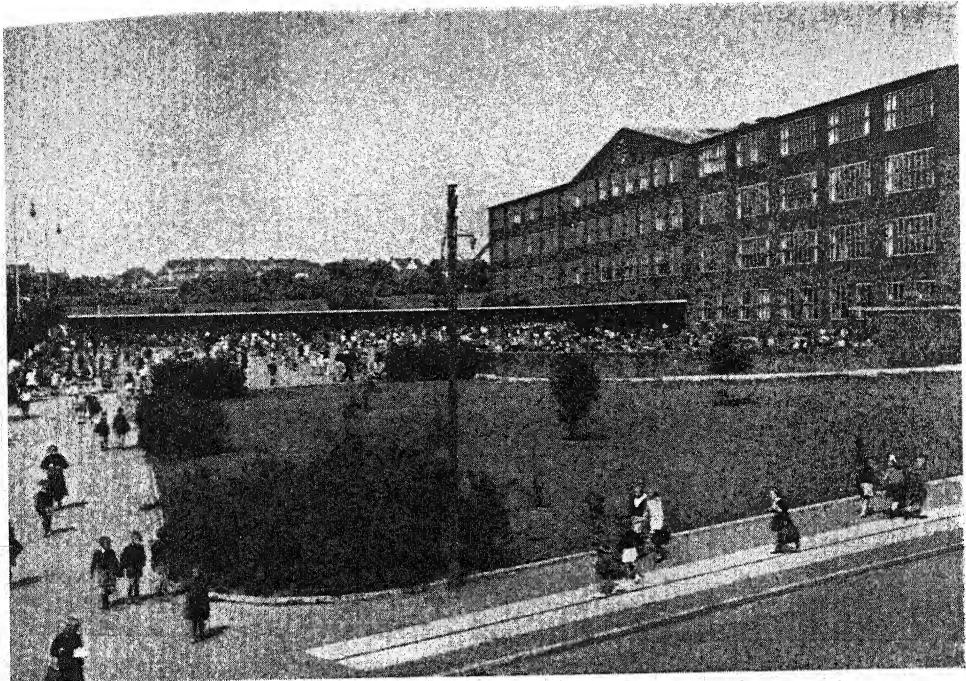
If the inspector reports any deficiencies in the child's care or education which have not been made good in spite of his complaints, the child welfare committee will (if necessary, after obtaining a certificate from the public health doctor) instruct the home to remedy the defects. If the instruction is



"Skolen ved Sundet", Copenhagen (Chapter XIX)



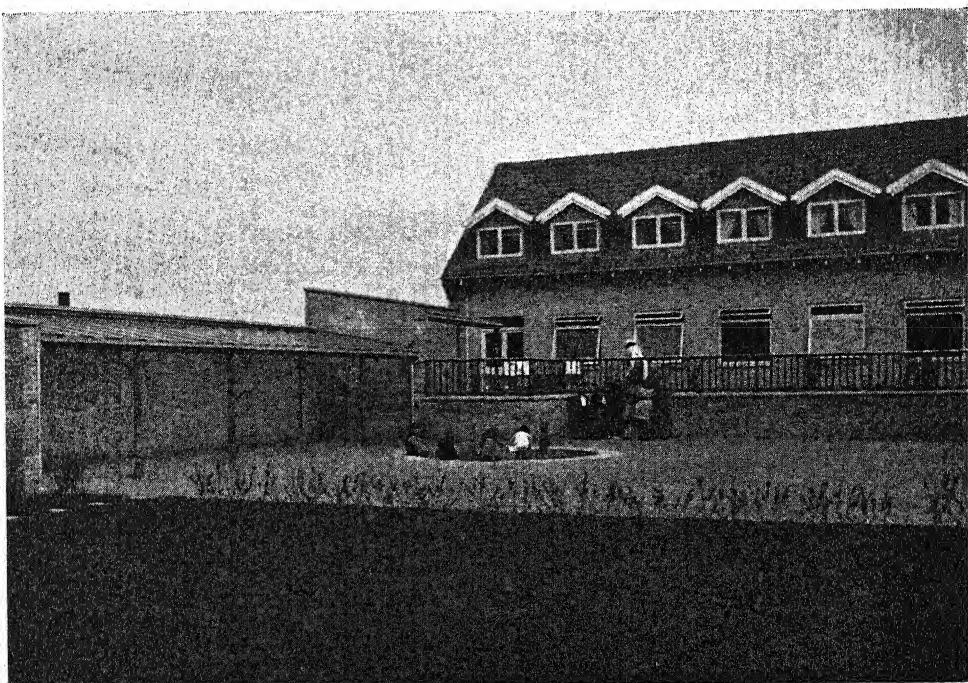
Hall, "Skolen ved Sundet"; architect Professor Kaj Gottlob (Chapter XIX)



"Skovvangsskolen", Aarhus, one of the biggest and newest provincial schools (Chapter XIV)



School kitchen, "Skovvangsskolen", Aarhus (Chapter XIX)



One of the newest and most up-to-date children's institutions, Nyvang, Randers (Jutland), with crèche, nursery, and recreation club



In the recreation clubs children tend their own garden in summer; in winter they are kept busy in the sewing-room or workshop



Utterslev "Children's Court", built by the City of Copenhagen in 1944, has a crèche for infants up to the age of $2\frac{1}{2}$, nursery for children between $2\frac{1}{2}$ and 7, and a recreation club for children of school age



The children get a hot daily meal and milk with their packed food

not complied with, and the care or education provided is otherwise inadequate, the child welfare committee may issue a warning or appoint an inspecting guardian. If these measures are still insufficient to effect an improvement, the board, after giving due notice, is entitled to suspend the right to parental control and if required make other temporary arrangements for the child's care.

The child welfare committees must enquire into the affairs of the child and the home, and obtain certificates from the school, doctor, local minister, or employer, as far as possible before any measures are taken in respect of the child or home. The parents or their representatives must be summoned to a meeting of the committee, where they may have the assistance of a lawyer or other person.

As preventive measures, warnings may be given to the child, the parents, or foster parents, a special inspecting guardian may be appointed, and certain instructions may be issued. Where the committee deems that considerations affecting the child's well-being render these measures inadequate, the committee must consider removing the child from its own home.

If an inspecting guardian is appointed, he must assist the home with advice and guidance concerning its care and education and ensure that the persons who have charge of the child carry out their obligations to it. If the home has been given any special injunctions, the inspecting guardian must see that they are carried out.

If an inspecting guardian is appointed for a child who has been put to work or apprenticeship, the committee may decide that the wage shall be paid to the inspecting guardian, who will use it in the child's best interest.

Injunctions may be imparted to parents or foster parents with regard to the child's care, education, vocational training, or employment, including instructions that a child above school-leaving age must attend a continuation school, evening school, technical school, and so on. They may also require that children of school age must attend a play home or other similar institution, and that children under the school age must attend a nursery or infant school, or be placed in a crèche.

Injunctions or inspections lapse when the child welfare

committee makes an alteration in its dispositions, or when the child reaches the age of 18. The injunction to send the child to a recreation home, etc. also lapses as a general rule when the child becomes over school age.

Where circumstances warrant, at a meeting held before the child reaches the age of 18, and with the approval of the county authorities, the committee may decide to extend any measure for any specified period. This period may be prolonged by subsequent decision, though not beyond the age of 21.

The removal of a child from its home may take place only when other and less drastic measures have proved inadequate. In judging the form interference shall take, the deciding factor must be the child's well-being.

The child welfare committee may remove a child under the age of 18 from home (if required, against the child's and its parents' wishes) when:

1. The child has a difficult character or has displayed very bad behaviour, and the parents or foster parents are not thought capable of educating it;
2. It is found to be exposed to neglect or abuse owing to the parents' or foster parents' depravity, gross neglect, or lack of desire or ability to educate it;
3. It is ill-treated by its parents or foster parents, or is subject to treatment which may endanger its mental or bodily health or development;
4. It needs special treatment, which cannot be given at home, on account of mental deficiency, insanity, epilepsy, defective hearing or speech, blindness, lameness, or tuberculosis, and the parents or foster parents neglect to provide the required special care.

Should the parents oppose curative measures or any necessary sick treatment, the child welfare committee may likewise remove the child and give it the required treatment, education, etc.

The decision to remove a child from its home must be made at a meeting of the child welfare committee at which at least two-thirds of the members give their votes in favour. Except in the case of removal for a specified, short period, it is

required that the meeting must co-opt a judge or specially appointed legal official, though with no voting powers.

If the committee is not assembled, the chairman (or vice-chairman acting as his deputy) may decide on a temporary removal, or other measure which cannot be postponed without danger to the child's well-being.

Where the matter has arisen because of the child's own misdemeanours, the committee may make the decisions on its own account without regard for the prosecuting authority, if the child was under 15 (the minimum age at which a person can be indicted) at the time of its offence. If the child was over 15, the committee may have to await a decision of the prosecuting authority regarding a penal charge. But the committee may initiate steps which the child's well-being require should be taken and which it is thought unwise to postpone. Experience has shown that charges are hardly ever raised against juveniles under 17, and that the great majority of cases against juveniles between 17 and 18 end in dismissal on condition that the offenders are taken under the charge of the child welfare committee. In 1944, 1,255 cases against juveniles under 18 were dismissed, and only in 81 cases were sentences passed.

It will thus be seen that children and juveniles are brought before the courts as little as possible. There are no special juvenile courts; criminal cases are not raised against juveniles but the cases are referred for social and educational treatment by the popularly elected child welfare committee. Certain precautionary measures are prescribed in connection with the board's work—due regard is had for the parents, for example—but the committee must place regard for the children's well-being first. The committee may avail itself (as it does to an increasing extent) of expert assistance by, for example, educationists, psychiatrists, and psychologists. But great importance is attached to the fact that a decision with regard to the child's treatment is not reposed in a single person (magistrate, doctor, or official), but in a committee, the child welfare committee, which must mainly consist of local council members, but to which other interested or expert persons may be elected by the council.

If the committee finds it necessary to remove the child from its home for education, treatment, or training, a so-called removal order is made. Under it the parental authority over the child is transferred to the committee, which may allow it to be exercised by any foster parents with whom the child may be lodged, by the warden of an institution, employer, etc. The committees make an immediate decision as to where the child is to be placed.

The parents must be informed of the decision made, and advised that they may appeal against it to the National Board of Child Welfare. Any appeal, however, can have no delaying effect, and the committee may execute their resolve against the parents' protest, if need be with the aid of the police. Fewer than 10 per cent. of the decisions are appealed to the National Board. This is not a court, but an advisory council of five members—a chairman who fulfils the qualifications of a judge, one member appointed by the Ministry of Social Affairs, two members appointed by Parliament, and the Chief Inspector of Child Welfare, who inspects preventive institutions for children and juveniles. The Board's decisions are final and cannot be appealed against in a court of law unless the child welfare committee has exceeded its authority or has neglected to observe the prescribed procedure. The committee must report the lodging of any child away from its home to the Board, which supervises the committee's work and expenses.

The committees have been given rules to guide them in placing the children under their care, and in certain cases the Chief Inspector must give his approval before a child can be lodged in an institution.

If it is presumed that a child which is to be submitted to the care of a committee is mentally defective, insane, epileptic, deaf and dumb, of defective speech, blind, disabled, or suffers from tuberculosis, the committee must, after observation and medical examination (if required, after specialist consultation), take steps to find out whether any special care should be provided. If it finds this to be the case, it must have the child lodged in an appropriate institution, or under the supervision of one.

When dictated by considerations of the child's well-being, the committee may temporarily place such a child under the

care of a reception home or similar institution pending the establishment of special welfare provisions.

As exceptions to these rules, children under 14 who are not presumed to be of specially difficult character and have not misbehaved themselves are usually boarded out with a family. Importance is attached to giving the child normal surroundings in which to grow up. But it must be admitted that, although there are guardian associations throughout the country whose main object is to find private accommodation for children, it is difficult to find sufficient suitable private homes with which to board out even normal children, and the difficulties are greater still in the case of children who have displayed mal-adjustments or are psychologically or physically abnormal.

Children under 14 whose placing in foster homes, owing to special circumstances (*e. g.* health reasons), may be presumed to be attended with difficulty, and children for whom it is considered to be of special importance (brothers and sisters, for example), are placed in children's homes.

Children under 14 whose physical or mental development is not up to normal, but who do not require special provision, are, as far as possible, placed in special homes for backward children. Children under 14 (in exceptional cases 15) who have a particularly difficult character or have grossly misbehaved, so that there is a danger of their admission to the ordinary schools having an unfortunate effect on other children, are placed in "school homes". Both the homes for backward children and the school homes provide school instruction in the home.

Children over 14 who are not presumed to be of particularly difficult character, have not grossly misbehaved, and who do not require special provision, are usually placed in apprenticeship or domestic service, or otherwise provided with education or training, including advance study, according to their aptitude, ability, and other qualities.

Children over 14 whose physical or mental development is not up to normal and who cannot therefore be placed in service, apprenticeship, or the like, but who do not require any special provision to be made for them, are, as far as possible, placed in special "protective" homes for this type.

Children over 14 who have a specially difficult character or have shown gross misconduct are usually placed in a "youth home". Should a short period in a home be considered adequate, they may be placed in a "reception home", or other institution intended for education and training.

Should the board be in doubt as to how a child is to be lodged, it may place it for observation in a special observational home. This form of institution is now nearly always resorted to before admission to another institution.

The term "educative home" is applied collectively to the homes where five or more children are received for attention and education.

Educative homes must be approved by the Ministry for Social Affairs before they can accept children referred to them by the boards of guardians. Besides being inspected by the medical officers of health, they are subject to local inspection by the board of guardians concerned, which appoints a member or other suitable and willing person to carry out the inspection.

All children in approved educative homes are under constant medical control at State expense.

Non-approved educative homes may be established only with the sanction of the board of guardians, and are under similar control.

The Chief Inspector of Child Welfare, with his assistants, personally inspects all approved and non-approved educative homes.

In the work of bringing up children away from their homes, in the century of development that has taken place in Denmark, much self-sacrifice has been shown by private individuals and voluntary associations, which have founded homes for children who have either lost their parents or whose parents have neglected them. As the public developed a stronger sense of responsibility for such children, it instituted inspections of children's homes, and subsidized them. The development has now gone so far that all educative homes, apart from ordinary nurseries for normal children, must be run at the public expense, at the expense of associations, or as self-governing trusts,

so that there are now very few in which a single person has the financial responsibility and risk. Public support is given to alleviate this transition, which has the sole aim of establishing a higher standard, relieving private owners of economic anxieties, and thereby guaranteeing children who are placed in the homes more certain conditions. Altogether, widespread State support is given to the running of educative homes.

An important problem is the training of the required wardens and assistants. In this respect, schemes are afoot to establish a training institute that would guarantee reliable and competent assistants.

While previously there was a tendency for the homes to be relatively large, partly for reasons of economy, the endeavour now is to make them as much like real homes as possible by having them smaller or by breaking them up into such small groups that intimate contact can be established between the child or juvenile and the warden or sectional head.

A great degree of specialization has been reached in the Danish homes, and the children may now be sorted, according to their peculiarities, into special homes, though a few small homes for psychologically abnormal children or children presenting serious educational problems are still desired. The introduction of a special psychiatric inspection is under consideration.

There are the following categories of educational home:

- a. Reception and/or observational homes, used for
 1. Provisional stay, pending further disposal;
 2. Observation, when there is doubt about the ultimate disposal;
 3. Temporary stay, *e. g.* during the parents' illness.

The stay here must be as brief as possible, and unless with the approval of the Chief Inspector, not more than nine months. There are reception homes for the various age groups, and for juveniles over 14 there are separate homes for males and females.

- b. Children's homes, for lengthier stay by children under 14 who are not of particularly difficult character and have not

shown gross misconduct. Boys and girls are usually together, and the children generally attend the same ordinary schools as other children.

- c. Homes for backward children. These are really a sub-division of group b. and are intended for children under 14 whose physical or mental development is not up to normal, but who do not require special provision.
- d. School homes for children under 14 (15) who are of specially difficult character or have shown gross misconduct. Boys and girls separate.

The following homes do not have males and females together:

- e. Youth homes for juveniles over 14 who have a specially difficult character or have shown gross misconduct, and for whom a brief stay, *e. g.* in a reception home, is not deemed adequate.
- f. Protective homes for juveniles over 14 whose physical or mental development is not up to normal and who cannot therefore be put out to service, in apprenticeship, etc., but who do not require special care provision.
- g. Apprentice homes, where apprentices live and obtain their technical training, or boarding homes for apprentices where apprentices are lodged while being trained outside the home.
- h. Domestic schools for girls.
- i. Agricultural homes for planned training of young men in farming.
- j. Maternity homes, which may be approved now as reception homes, now as children's (infants') homes, and which accept expectant mothers or mothers with babies.

It is not only in the cases mentioned that the child welfare committees have the responsibility of caring for children. They must also attend to the accommodation, education, and training of a child that is without a parent or guardian, or whose parents, temporarily or for a prolonged period, are unable to take proper care of it and have therefore asked for this attention. In these cases, the committee has parental authority for



Reception home in Copenhagen, where children removed from their homes are received



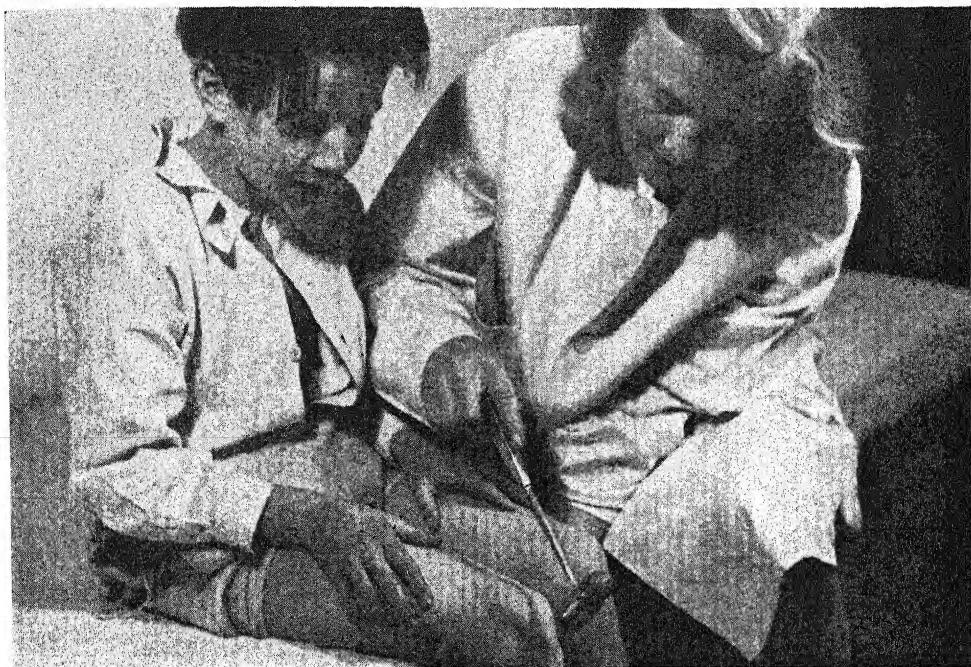
"Solliden", Brothers' and Sisters' Home



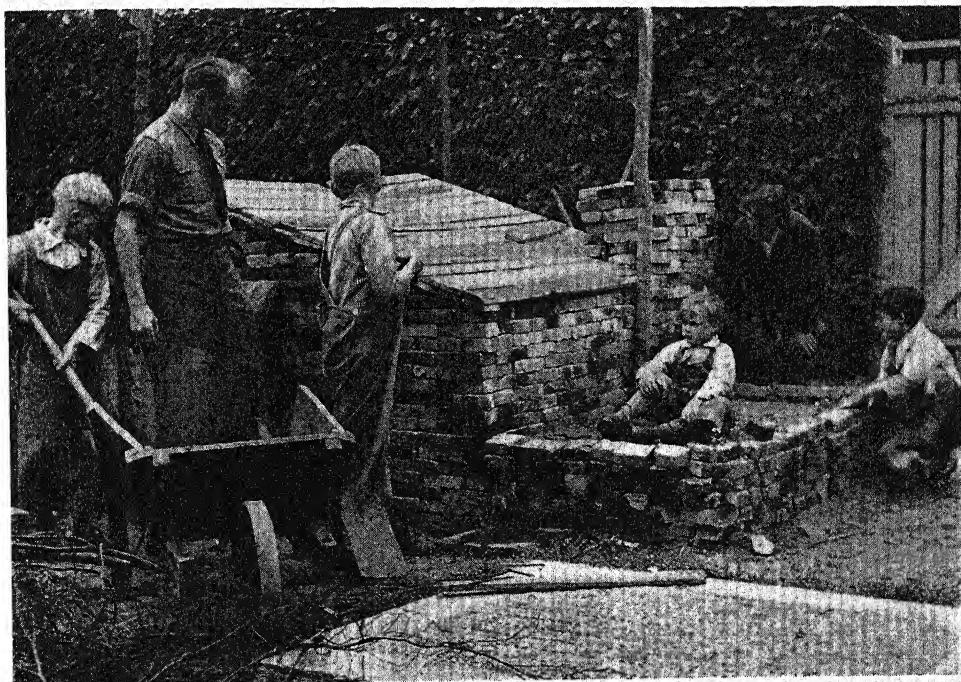
The child psychological department of Bispebjerg Hospital, Copenhagen, established in 1946, comprises an in-patients' ward with 20 beds, a day observation ward for 12 children, and an ambulatory for about 50 children in ambulatory therapy at a time



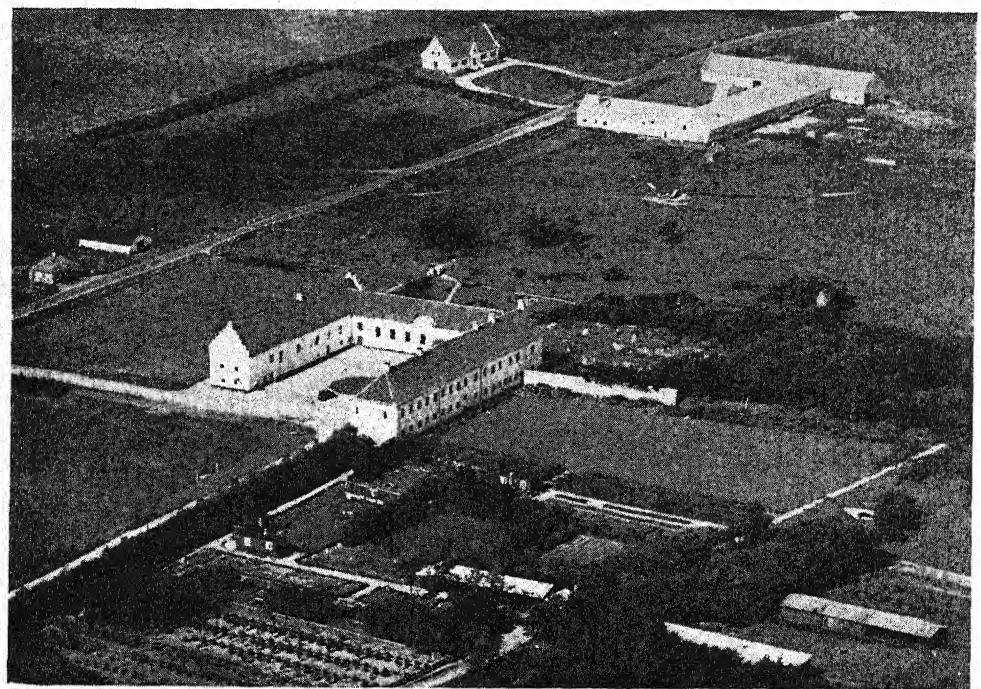
Above, the nursery teacher watches creative play with clay. Below, medical therapy with the child psychologist



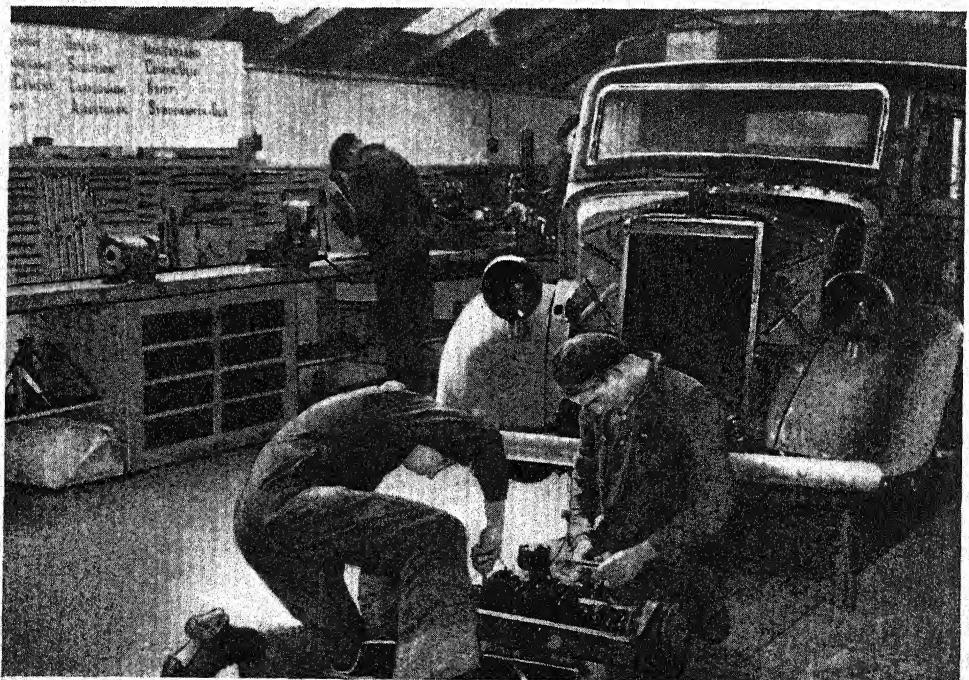
Doctor making physical examination



Building in the "junk playground", with teachers to observe and help



Reception home at Viiskøl Kloster (North Jutland) accommodates 45 boys between the ages of 14 and 18



The boys are trained in the mechanics' workshop, in the joinery, in forestry, etc

as long as the child is under its care; but this clause may not be applied or maintained against the parents' wishes.

The work of the child welfare committees in connection with these last-named maintenance cases is rather considerable. In 1945, for example, about 5,000 children were taken charge of for the reasons given, against just under 2,000 who were removed from home by actual removal order on account of the child's character or behaviour or because of its home conditions. The total number of children under the care of the child welfare committees on July 1, 1947, was 14,258, and of this number 4,895 were accommodated for reasons of maintenance only.

There are about 360 homes for children, with accommodation for just over 10,000, and half of the number are ordinary children's homes.

Children who are placed by the child welfare committees in a private home, in apprenticeship, service, or the like, are under the supervision of an inspecting guardian appointed locally by the board. If a child is found a place after discharge from an institutional home, the private home is supervised by the warden of the institution, or by a locally appointed inspecting guardian.

Welfare care usually ceases at the age of 18 but may be prolonged to 21. Juveniles who are or have been in a "youth home" are cared for until the age of 21. The child welfare committee may, however, discontinue its guardianship of any children at any time, if it considers its purpose to have been achieved, or if events supervene which render it likely that it will be achieved by other means. Children may be returned to their homes on probationary discharge.

The costs of accommodating children under the child welfare service are borne by the public. There are no legal after-effects on either the child or its parents, but the latter may be called on to contribute to the expenses.

There is a rich and varied youth movement in Denmark, with a great many associations concerned with sport, religious and political work, art and literature, education, etc.

During the German occupation, from 1940-45, the youth

movements formed the "Danish Youth Federation" (*Dansk Ungdomssamvirke*). In 1945, the Federation proposed the appointment of a Government Youth Commission. The commission as set up was charged with the task of investigating the working conditions, earnings, and vocational training of young people, together with their housing and the amenities available to them for the healthy utilization of leisure. The question of financial support for youth associations, recreation rooms, and sport was also to be considered. Finally, the commission was to review the problems which face young people in setting up a home and arranging a family. The commission was to concern itself primarily with the possibilities offered by positive measures of ensuring normal young people a harmonious social and cultural development. At the same time it was to study the problems of abnormal juveniles, with a special view to the prevention of juvenile crime.

The commission has already presented a number of reports which make proposals for improving the conditions of youth; it caused the setting up, very shortly after its own appointment, of a large number of municipal youth committees, especially in the larger towns. It was intended that the majorities on these committees should be represented by local council members and that youth representatives should also sit on them; each in its respective locality, the committees have tackled problems in line with those with which the commission itself was charged. A large number of the matters dealt with are concerned with creating better facilities for the employment of leisure, and in the first place the provision of suitable club and recreation rooms. Some local authorities have given grants of money and have made rooms available. Recreational clubs have been arranged in addition to the recreation rooms for schoolchildren described earlier in this book, and, generally speaking, considerable interest has been aroused in the problems of youth, also outside youth circles. In a variety of ways both the youth commission and the municipal youth committees have exerted much influence on public opinion.

CHAPTER TWENTY-ONE

CHILDREN'S ALLOWANCES

While children in Denmark have no obligations to maintain their parents, it is laid down by law that the parents have an obligation to maintain their children up to the age of 18. In respect of children whose parents are married the obligation extends to both parents, even though they may be separated or divorced and regardless of how the children are divided between them. In the case of children born of unmarried parents, the obligation is always the mother's, while the father has full maintenance obligation in respect only of children born after 1938 and only if the paternity is established by a court of law or acknowledged by the father himself. If paternity cannot be established with certainty but the possibility cannot be excluded that the man in question is the father, he is only called on to contribute to the child's maintenance. If paternity is established, a child born of unmarried parents is also entitled to take its father's name and to inherit after him.

The father, on the other hand, has no parental authority over the child born outside marriage, and it is natural that in the great majority of cases it is subject to the mother's authority and care. Where this is not the case, however, the father may be awarded the parental authority. Apart from these few cases, the father must make a contribution towards the child's maintenance. The amount is fixed by public authority, being such as to enable the child to be maintained, reared, and educated consistent with the social standing of both parents, the cost burden to be borne equally by both parents. In the great majority of cases, however, the contribution which the father is called on to pay is the so-called "normal contribution"; payment may be required to be made half-yearly. In addition

to this amount, the father may be called upon to contribute a special sum on the child's death or confirmation, for education and vocational training, or towards the costs of illness and burial. Contributions are normally paid until the child reaches the age of 18, but special contributions towards continued education or training may be required up to the age of 21. The father of a child born outside marriage may also be called on to contribute the sum of Kr. 40 towards the costs of the mother's confinement, and towards her maintenance for two months preceding and one month subsequent to the birth, in exceptional cases up to four and nine months after. The contributions in these cases are Kr. 51 a month in Greater Copenhagen, Kr. 43 in other towns, and Kr. 36 in rural districts. The contributions can be obtained, if necessary, by distressment, stoppage of wages or salary, and threat of imprisonment in lieu of payment. There is no general system of family allowances in Denmark as yet. But for many years now a scheme has been operative whereby unmarried mothers of small means have been given State security against the father's obligations, the mother being able to have her paternity contribution paid out in advance by the local social authorities. Only the normal contribution may, however, be disbursed in this manner. The amount of this contribution at present is Kr. 252 per half-year (Kr. 42 a month) in Greater Copenhagen, Kr. 37 a month in other towns, and Kr. 31 a month in rural districts. In the first two months of the child's life the contribution is 20 per cent. higher. These sums may, however, only be paid to the mother after an income assessment, the amount being reduced when her annual income exceeds, in Copenhagen, Kr. 4,140, in other towns Kr. 3,650, and in rural districts Kr. 3,060. If she is married and living with her husband there are reductions when her income and that of the husband exceed Kr. 4,950, Kr. 4,360, or Kr. 3,660 respectively. After a graduated scale of reductions, the right to payment of contributions may be withdrawn completely once a certain maximum income is exceeded. The method of assessing the income resembles that adopted in the case of old-age and invalidity pensions. Where the child is not under its mother's care, the actual guardian is entitled to advance payments in her stead.

Similar rules apply for the contributions which a married parent may be called on to pay in the event of separation or divorce, or the mere discontinuance of married life, to such children as are in the care of the other parent.

Widows and widowers are entitled, under similar terms, to widows' allowances in respect of the children of their marriage, up to the age of 18, except that for widowers the allowances are only Kr. 28,25 and 21 a month. A somewhat higher allowance may be made in respect of orphans — Kr. 70, 62 and 52.

Various proposals have been made with a view to improving the position of the single mother. They include a proposal for cash benefits in the critical period after the husband's death or after divorce, possibly as long as the woman is nursing a baby. Cash benefits have also been proposed for single mothers who have the care of three or more young children.

Finally, there has been some discussion about the possibility of single mothers voluntarily doing part-time work, say four hours a day, at the usual rates of pay, but with the addition of a grant that would raise her earnings to something like the normal earnings for a 48-hour working week.

CHAPTER TWENTY-TWO

HOUSING

Building is State-controlled by means of extensive legislation. The local authority of every town or urban district with more than 1,000 inhabitants must prepare a town plan, whereby the housing quarters can be separated from the factory districts and new building can be appropriately planned in general.

A housing inspection is appointed for each urban authority, to ensure that houses and rooms are adequately planned for health and for fire precautions. The inspector may call for repairs, and condemn the use of any building for human habitation.

The local authorities, with State subsidies, may expropriate ground and buildings with a view to slum clearance, *i.e.* in order to re-plan an area that is unhealthy or would be dangerous in the event of fire.

In Copenhagen and other towns and cities town-planning schemes must be publicly approved, and even in rural districts there is some control of building. By this means it is possible to effect improvements in the standard of building in regard to sanitary conditions and so on.

Many local governments have bought up land from time to time (the larger cities in neighbouring districts as well), a policy which has enabled them to exert some influence on the cost of building-land. In some places, when the local authorities have sold land, they have reserved the right of re-purchase after 80–100 years.

In “normal” times, when there was a reserve of vacant houses (which it is thought should normally represent two per cent. of the whole), there was no protection against exploita-

tion through rent other than a so-called usury clause. During the past 10 years, however, as during the previous war, it has been necessary to maintain legislation to prohibit eviction or rent increases.

Since the war there has been no housing reserve in Denmark. Compared with a pre-war housing production of about 20,000 a year, the number of dwellings built in recent years has been less than 10,000 a year. There are sufficient rooms in the urban dwellings to provide one room for each person, but the dwellings are somewhat irregularly distributed. Taking a dwelling with more than two persons (one adult and one child) to the room to be overcrowded, we find that the number of overcrowded dwellings in urban districts in 1945 was 4.4 per cent. of the whole; and these contained a very large number of children.

Before the war, there were about 1,000 urban families temporarily accommodated by the local authorities; in 1947, there were nearly 4,000 such families, totalling 17,000 persons, half of them children. The reason why the present housing situation, despite this fact, is so serious is not only the stagnation in building but also the fact that the housing shortage itself gives rise to an inflexible house market. Families whose members are reduced in number cannot move out of old homes that have become too big, because they cannot obtain anything smaller.

The most usual type in towns and urban districts has been, and is, the two-roomed flat with a kitchen. In 1945, this size represented 38.3 per cent. of all dwellings, while 28.7 per cent. consisted of three rooms and a kitchen; and the ratio was almost unchanged since 1940. Only 6.5 per cent. consisted of one-room flats.

About 34 per cent. of the inhabitants of towns and urban districts live in two-roomed flats, not quite 30 per cent. (29.7) in three rooms, and 3.2 per cent. in one-roomed flats. The average rent in 1945 was Kr. 568 per annum for two rooms, Kr. 701 for three, and Kr. 389 for one room.

If we take the working-classes separately, the figures are 47 per cent. in two rooms, 35 per cent. in three, and just over 2 per cent. in one room. The average rent in their case was Kr. 509 for two rooms, and Kr. 591 for three rooms.

The rents of newer flats are, however, substantially higher, both because of their improved equipment and owing to the rise in building costs.

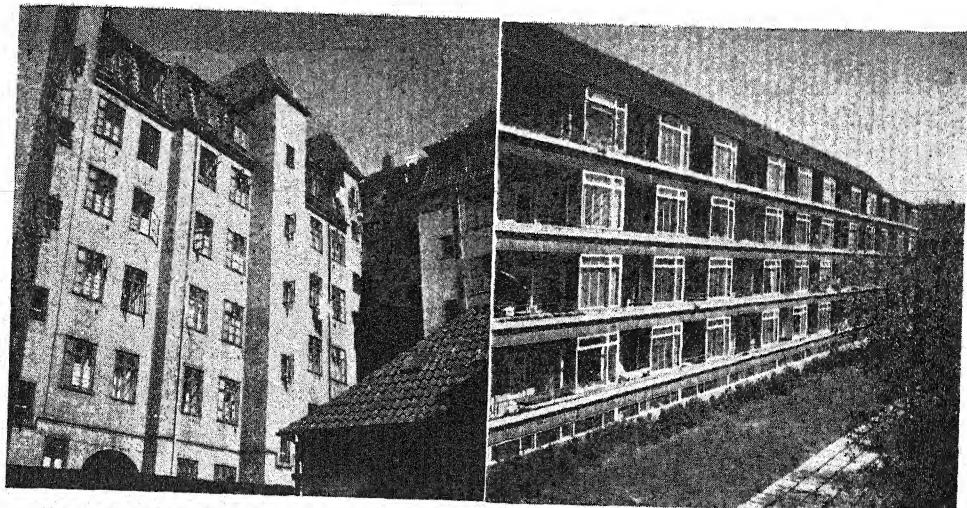
In 1945, 98 per cent. of all dwellings in towns and urban districts had electric light, 35.4 per cent. had a bath-room or facilities for communal bathing, 81.6 per cent. had water-closets, and 31.1 per cent. had central heating. Newer dwellings, of course, are better equipped than older ones. Of those erected in 1936-40, for example, 81 per cent. had their own bath-rooms or communal baths.

The kitchen, which is included in every house or flat, is not used as a bed-room and only rarely for meals.

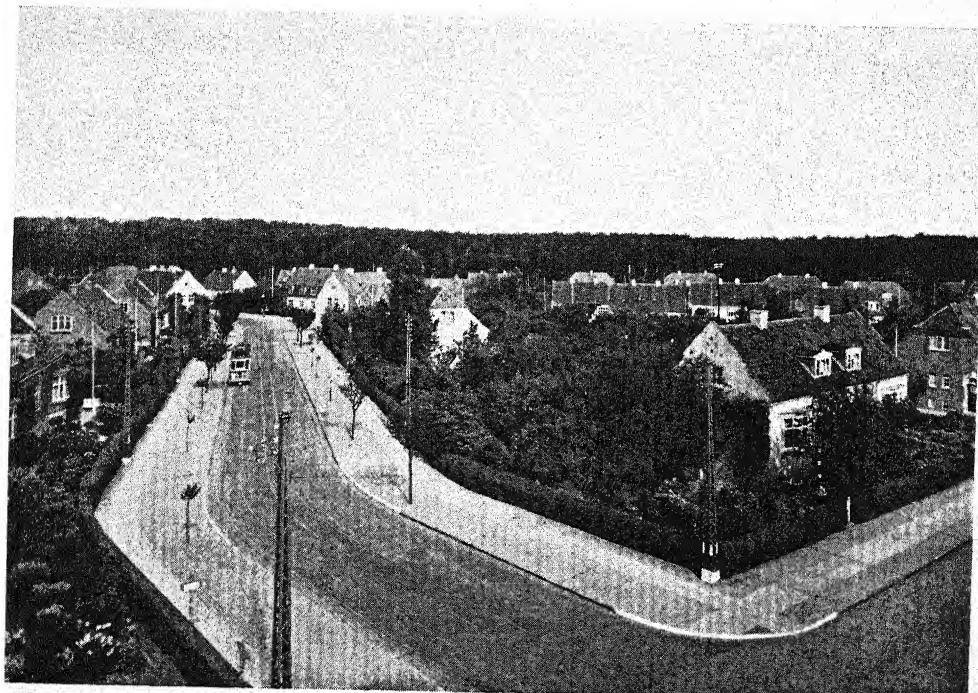
The State-aided social housing referred to below, especially through the work of the housing associations and some of the local authorities, has meant a considerable improvement in the general standard of housing and equipment and has provided a bigger area and more rooms, especially for families with many children.

Since the recent war the Government has introduced considerable State subsidies for housing, and efforts are now being concentrated on stimulating the building of bigger and better homes for large families. With the rising level of costs, the method adopted has been a system of cheap loans to limit the costs of house-building. A further measure adopted during the past 10 years has been the granting of a rent rebate to families in the low income groups in proportion to size of family. Families with three children get a reduction of 30 per cent. of their rent, the rate of reduction rising to 60 per cent. where there are six or more children. In terrace houses, as distinct from flats, the rebate allowed may be as much as 70 per cent. if there are seven children. By these means it has been possible to provide a family with three or more children with a modern three-roomed flat at a price corresponding to the average rent of a normal two-roomed flat in the older and cheaper housing, where the average annual rent was Kr. 570 for a two-roomed flat and Kr. 700 for a three-roomed flat.

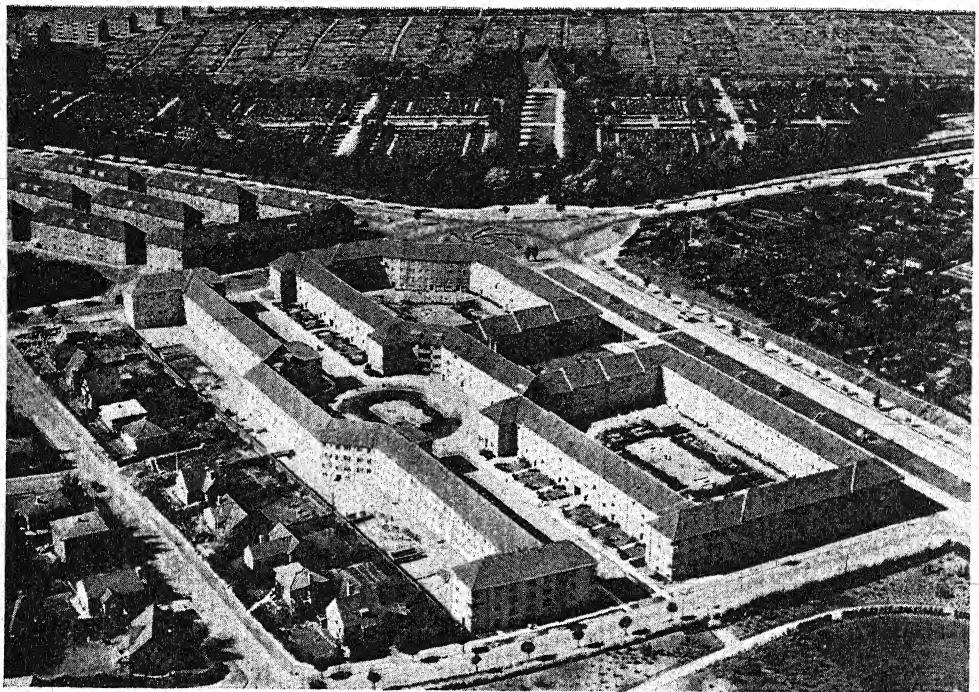
In Denmark there are a number of social housing associations which may be divided into three groups: 1. The co-operative housing associations, whose members are tenants who



The housing of 20 years ago turned its back to the south; modern housing faces south



Social housing on the outskirts of Aarhus



"Viborggaarden", Aarhus; modern social housing for large families



Playground, "Viborggaarden", Aarhus

contribute towards the building costs by taking out a share in the association (usually three per cent. of the cost) and who administer the houses themselves through elected representatives. 2. The co-operative building societies, which are usually joint-stock companies founded and managed by building trade unions. 3. Self-governing trusts in which socially interested persons set up a management, generally with the representation of tenants in the society's flats.

These social housing associations derive great benefit from the now well-developed housing legislation, which permits the granting of State loans. Together with the ordinary building loans, which in Denmark are obtained through credit and mortgage societies, these loans total up to 97 per cent. of the costs or value of the building. The local authority concerned also gives wide guarantees.

The State loans may be advanced free of interest for up to 20 years, and a reduction of interest, up to 1½ per cent., may also be granted for the same period. The laws and terms of tenancy must be approved by the Ministry. Local governments who wish to build houses may also take advantage of this legislation, and even private building contractors can obtain substantial support, though of more limited extent than the local authorities and building associations.

Considerable public support is also given towards rural housing. Cheap State loans are granted for the establishment of smallholdings, and for the acquisition of partitioned State or private land. Support for the erection of cottages for farm workers is provided in the form of direct aid to enable a rural worker to build his own house, and aid to farmers with which to erect houses on their land.

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What is
DET DANSKE SELSKAB?

Denmark has a mission in world reconstruction by reason of its achievements in popular democratic and social culture. It is the aim of DET DANSKE SELSKAB (The Danish Society), through its *Representatives*, to give other nations honest, impartial information on these subjects, and to support the efforts of other nations to inform the Danish people of conditions in their countries.

The Representatives of the Danish Society undergo a special course of *training* for the Danish information service abroad. They are provided with *equipment* prepared by the Society, comprising: series of publications about the Danish community and Danish culture, a library of selected Danish literature and general works about Denmark, Danish language records for teaching Danish to foreign students, recordings of older and recent Danish music, series of lantern slides in colour, documentary films, etc.

The necessary *contacts* are acquired through the introductions which Danish institutions represented in the General Council of the Danish Society address to their sister organizations in the respective countries. Examples are letters to mayors, radio authorities, press organizations, universities, teachers' associations, workers' educational associations, libraries, authors' and composers' societies, employer associations,

trade unions, cooperative organizations, and agricultural associations.

The work of the Danish Society, through its Representatives, is thus of a highly organizational character as it is their task to enlist the cooperation of the foreign countries' own citizens in the effort to extend the cultural contacts between Denmark and the surrounding world.

The economy of the Danish Society is organized in such a way that salaries of the Representatives and administrative expenses in Denmark are paid by the Danish Government, while the Danish Society itself, through grants from local and district councils, large foundations, etc., defrays the cost of training the Representatives, and their equipment. The work abroad is thus based on active support from the whole of Denmark.

Founded during the war, The Danish Society has Representatives in England, Scotland, France (from April 1949), Switzerland, Holland, Belgium, Czechoslovakia, Italy, and U. S. A. In posting its Representatives the Society attaches importance to provincial districts, so that the information about Denmark is not confined to the capitals but as far as possible reaches all parts of the countries concerned.

Home Office:

8, Niels Hemmingsensgade, Copenhagen.
Telephone: Palae 8531-8532. Telegrams: Pioner, Copenhagen.

He collated over 50 different laws into four great Acts that are still the pillars of Danish social welfare.

Social legislation in Denmark is still developing. The establishment in 1936 of the Social College, which trains social workers for hospitals, public assistance offices, children's welfare, maternity aid, employment offices, and the like, and the appointment of "social doctors" with a view to the rehabilitation of persons who attend public assistance offices have blazed new paths. The introduction of general family allowances, as they exist in New Zealand, Canada, Britain, Sweden, and Norway, is now under discussion, while a movement is afoot for the further modernization of legislation to protect the health of workers, and for the raising of sickness insurance benefits.

In the social work done it is desired to place as much emphasis as possible on rehabilitating and restoring to society as useful citizens persons who have suffered social shipwreck. The light of mental hygiene has been brought to bear on these problems, and a reorganization of the work of rehabilitation is in preparation.

Copenhagen, December 1948.